QUEENSBURY AND SHELF
URBAN DISTRICT COUNCIL

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(DR. R. F. O'SULLIVAN, M.B., B.Ch., B.A.O., D.P.H.)

and

THE PUBLIC HEALTH INSPECTOR

(W. E. SHELLEY, M.S.I.A.)

FOR THE

YEAR ENDED 31st DECEMBER, 1956

MINISTRY OF HEALTH
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QUEENSBURY AND SHELF

URBAN DISTRICT COUNCIL

HEALTH COMMITTEE
(as at 31st December, 1956)

Chairman of the Council
Councillor J. H. Chatburn, J.P.

Chairman:
Councillor J. H. Moore

Vice Chairman:
Councillor Mrs. B. M. Mosey

Councillor Ashworth, A.	Councillor Mrs. B. M. Mosey
Councillor Horner, W.	Councillor Nichols, H. E.
Councillor Holt, E.	Councillor Pohlmann, F. W.
Councillor Goodwin, R.	Councillor Chatburn, J. H.
Councillor Harling, R.	Councillor Smith, W. S.
Councillor Lund, J.	Councillor Sutcliffe, E.

HEALTH SUB COMMITTEE:
Councillor J. H. Moore (Chairman)
Councillor Mrs. B. M. Mosey
(Vice Chairman)

The Health Committee deals with ordinary public health matters, refuse removal and disposal, public conveniences and mortuary facilities.

Other Committees dealing with matters of public health are:-

Housing and Town Planning Committee

Re-housing those in need.

Waterworks Committee

Water supplies throughout the area.

Sewerage and Sewage Disposal Committee

The sewering of the district and sewage disposal.

Cemetery, Recreation Grounds and Allotments Committee

The provision of cemetery facilities.

Victoria Hall Committee

The provision and maintenance of public swimming and slipper baths.

PUBLIC HEALTH STAFF

Medical Officer of Health:	R. F. O'Sullivan, M.B., B.Ch., B.A.O., D.P.H.
Public Health Inspector:	W. E. Shelley, M.S.I.A., C.R.S.I.
Clerk and General Assistant:	H. Phillips

The Urban District of Queensbury and Shelf forms part of Division 18 of the West Riding County Council for Local Health Authority purposes.

Divisional Medical Officer:	F. Appleton, M.B., Ch.B., D.P.H.

To: The Chairman and Members of the Queensbury and Shelf Urban District Council.

Mr. Chairman, Lady and Gentlemen,

I have much pleasure in presenting to you my Annual Report for the year 1956. This year has been the busiest year in the Health Department since I started as your Medical Officer of Health. In Queensbury and Shelf we have a population of nigh on 9,000 people and they live in 3,400 houses giving a total of $2\frac{3}{4}$ persons per house. This then, is the community for which we provide by Act of Parliament a system of what is known as environmental health. We are really a sanitary district and my personal responsibility is to see that this environment or surroundings in which we live are as healthy as it is possible to make them. We are rather badly situated in Queensbury, especially as a village. With an elevation of well over 1,000 feet above sea level we suffer much from weather hazards. The prevailing wind is from the west and it is a wet wind. It is also a cold wind, in that little or no shelter exists in the form of trees or surrounding hills to help mitigate its effects on our people, our homes and our buildings. Ventilation becomes a draught under such circumstances and even in our homes each successive winter constitutes a battle for survival. Roofs leak, walls frequently allow the rain to penetrate and, as so many of the houses have non-cavity walls without a damp proof course, the resulting dampness is a great annoyance to those unfortunate enough to have to deal with this problem.

The village should have been built in Clayton or in one of the neighbouring sheltered areas; and if the surrounding hills could have been tree bearing, Queensbury itself would have been a far more beautiful and less hazardous place in which to live. But we sit astride the hill top, whether we like it or not. The stress of winter is felt alike by old people and old houses. Older property deteriorates far more rapidly in Queensbury and needs constant attention to keep the cold and damp out. The older folk need greater care and attention too. Respiratory infection in the aged can just tip the scales against them and precipitate an untimely end.
In these circumstances perhaps the greatest single factor which weighs heavily against these older people is Chronic Bronchitis: an already depleted respiratory system can do little to overcome the ravages of Pneumonia and the outcome is often fatal in spite of the most adequate medical attention including the use of all the modern antibiotics.

I find much reference at present to what is known as "Positive Health". This may be stated to be the complete state of wellbeing of both body and mind - not just the absence of disease as such. This we may describe as the desirable state. It starts with healthy, happy, well-fed and well-housed mothers who bring into the world robust children. What then of the many ills to which the flesh is heir? The management and overcoming of these ills, both of body and mind, is part of the very fabric of life itself. It is woven into the pattern of our existence and, although fraught with the perils of mortality, does much in itself to help constitute the stuff that makes heroes and heroines of us all. I cannot envisage a state of mental and physical perfection in this world at least. Although "Positive Health" must be

our goal, direct intervention by the Almighty would appear to be the only means by which such a state of Utopia could be achieved. Till this celestial intervention is a fact Environmental Health with its slow plodding ways must be our "way ahead."

In these days when we are so concerned with the cost of each item of service, it may interest you to see again just how one or two items of service work out with regard to cost in our Health Department. The net cost of refuse collection and disposal, after deduction of salvage sales, is £4,700. This works out at 6½d. per refuse bin for refuse and with 2¾ persons per house that works out at about the cost of one cigarette per person. So for the cost of one cigarette per week per person we collect and dispose of that person's refuse. This surely is a small cost. It can be accurately stated to be 6½d. per house as against the national average of 8d. per house. In Queensbury and Shelf, with only 3,400 houses this is excellent. It should be more than the national average as we are so small a refuse disposal unit.

The other items which we, as an Authority, were responsible for during 1956 consisted of:-

	£
Refuse Collection and Disposal	4,700
Public Health Committee	1,447
Grants and Improvement of existing dwellings and conversion of closets	400
Public Conveniences	174
Mortuary	121
Housing Subsidy	2,400
	9,242

With a population of well nigh 9,000 that makes the tidy sum of £1 approximately per head of population per year. Annually this is a small sum in relation to present day costs to pay for environmental health in Queensbury and Shelf.

Paratyphoid

Rather than say how this outbreak was traced let me tell you how it occurred. Some days before plot night some lads from the Ambler Thorn area went "plotting", as it is locally known, into the upper reaches of Shibden Glen. Some of these lads equipped themselves with a bottle or two of "pop" to help them quench the thirst that they knew from past experience was a natural consequence of the strenuous activities demanded of "plotting". The "pop " was quickly finished early on during the afternoon's activities and thus the empty "pop" bottle was refilled with water from the Shibden Beck so that any recurrence of thirst could be quenched effectively if not quite so tastily. Only one lad, however, appears to have made use of this Beck water - he missed the earlier drinks and needed refreshing as the evening wore on. Here we leave the "plotting" activities of these young lads and return to the only one who drank the Beck water, when six days later he began to be ill. His illness consisted mainly of feverishness, headache and malaise. Rest and medicine had little effect on his condition and some two or three days later his doctor, in consultation with another doctor, thought that the possibility of this being a case of Paratyphoid B should be investigated and for this reason the boy was admitted to St. Luke's Hospital, Bradford, where indeed it was identified as Paratyphoid B.

and he was promptly isolated in Leeds Road Isolation Hospital. I was notified immediately the case was suspected and started to investigate the occurrence. Whilst awaiting confirmation, I visited the patient immediately in hospital and he was really too ill to give any real history. His mother, however, was a most useful person. Due to the fact that the lad had not been over-robust - he had a mitral valve lesion of the heart due to previous Rheumatic Fever - his mother took a great interest in all he did and where he went and with whom he went. A detailed history was forthcoming from this lady of everything he did and what he had to eat and drink, from the 14 days previous to the illness's first sign. These included such things as the cup of coffee at the local 'bus station and two visits to the local Sunday School Treat. While I was doing a survey of the possible foods and the origins of the various foodstuffs I realized that there were endless possibilities of his having spread the infection locally as well as to more distant areas, so I decided that a systematic sampling of the sewers was perhaps the most time-saving method I could envisage to see if there were others in the area either excreting the organism as pre-clinical cases or as chronic carriers and excretors. I may add that whatever food that was left over from the Sunday School Treats had already been destroyed and as he had not been to school for the three weeks preceding the onset of the illness, there was no reason to suspect the school itself or school food.

Well, after much sewer swabbing during the vilest of early December weather we found a positive swab and traced this positive swab back along its course until we finally arrived at one single house and one single positive woman. She was isolated and was found to have Paratyphoid B type I, identical with the organism which had infected our patient. How did she infect him? She had never met him nor had she ever had even the remotest contact with his food. But she proved to be a chronic carrier of this organism - she excreted the organism into the sewer via her own toilet. In turn this organism travelled in the sewer and entered the Shibden Beck by short circuiting the Sewage Works through a storm water overflow. This storm water overflow, instead of being in use only with six times the dry weather flow of sewage as it normally should, was continuously overflowing into the Beck, and infecting the Beck with infected sewage and with the infecting organism. Also the Sewage Works effluent into the Beck contained these organisms. These points were proved again and again by sampling the sewage and the water of the Beck. The organism was identical in type and phage classification.

Looking at it thus it might appear a simple matter to find the cause of an outbreak of Paratyphoid B. I can assure you that nothing could be further from the truth. In fact, although one must take food and drink contaminated with organisms which come from human intestines to develop Paratyphoid B, seldom indeed does one find that the patient has actually drunk human sewage. A set of circumstances arose which played into the proverbial hands of the criminal organisms. The first of these was The human carrier. Second - the storm water overflow. Third - the human error of drinking untreated beck water. There were three other points which had to be dealt with as a result of our enquiries.

First - The carrier was a chronic carrier and as suspected could not be cleared of her carrier state despite the most intensive chemotherapy; so we would have to put up with that carrier state permanently or indefinitely at least.

Second - The effluent from the sewage works was positive in spite of the recognised form of sewage treatment by the chemical sedimentation and biological filtration method. Therefore, as long as this person or any other carrier in Queensbury remained we could not guarantee that our sewage effluent would not contaminate the Shibden Beck.

Third - The storm water overflow - this was presumably designed to cope with a certain amount of water and sewage but since that time the amount of water in the sewer has greatly increased. For one thing - a small Council estate has been built locally and many of the houses other than that estate whose drains run into the sewer are now equipped with baths and other water using devices such as washing machines, etc., so that the sewer almost always contains a storm water flow of water.

After much deliberation I thought it best to deal with the carrier contamination of the sewer at the source viz, by installing some simple chlorination device at the flushing system so that each time the toilet was used a measured quantity of a chlorinated disinfectant was automatically added to the sewage. To this end Mr. Shelley, our Public Health Inspector, is devising ways and means of eliminating this organism from the sewage at its source. Much testing will have to be done before we can say if we are successful or not as this method of dealing with carriers of Paratyphoid B has not been attempted before to my knowledge. I must add that to try to clear the carriers themselves by treatment with the most modern antibiotics is more than useless. The carrier state will return in spite of all efforts.

Puerperal Pyrexia

This is the scientific name of what used to be known as child bed fever. It is now defined as "Any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit or more has occurred within 14 days after childbirth or miscarriage". One case of this febrile condition occurred during the year. The cause was found to be a breast abscess and this was treated with Penicillin. This fever used to be one of the classic causes of maternal deaths in the old days, i.e. the pre-antiseptic days. Due to the combined genius of Lister and Pasteur this fever was prevented and nowadays should it occur it is amenable to treatment with drugs of the antibiotic group such as Penicillin.

Clinic Facilities

On 3rd December, 1956, the new clinic buildings at the rear of the Victoria Hall, Queensbury, were officially opened. This Council was represented by the Chairman of the Council, Councillor Chatburn, and Councillor Nichols and the West Riding was represented by County Aldermen Mrs. Smith and N. Carter. Many guests were invited and the main body of the clinic was filled to capacity. The local doctors, nurses and health visitors were the guests of the Divisional Officials and many members of the public

took tea and cakes while admiring the excellent facilities which are now placed at the disposal of the maternity and child welfare doctors and nurses. We are most fortunate in having such fine premises in which to carry out this most important aspect of the personal Health Services.

We hear much these days about merging with neighbouring boroughs; the very thought of it smacks of disloyalty in the extreme. Disloyalty to our predecessors who did so much to bring Queensbury and Shelf to the high level of environmental health. Disloyalty to the public, the ordinary folk of Queensbury and Shelf who take pride in their independent spirit in remaining aloof as an Urban District surrounded by such powerful neighbours.

We enjoy great facilities as an Urban District between two boroughs. We have, first of all, the hospital facilities of both Bradford and Halifax together with the West Riding Divisional Health Services. Both Bradford and Halifax take their quota of hospital cases without any trouble. Under Section 21 of the National Assistance Act, 1948, the West Riding has an obligation to find beds for the aged and infirm of this area. I can say from experience that without the help of the other two neighbouring authorities the care of the aged would become almost an unmanageable problem. Taking it by and large the people of Queensbury and Shelf get a better Health Service as they are, rather than by joining with any neighbouring borough. Why! we have public transport to Queensbury and Shelf subsidized by Halifax and Bradford rates for which we pay nothing. By joining another borough we would be an outlying suburb of these other boroughs, alone, unimportant and, I dare say, neglected. Let us stay as we are, sturdy, resolute and independent.

Food Hygiene

We have had no case of identifiable food poisoning in Queensbury and Shelf during the year. This feat is nothing short of marvellous. Our Public Health Inspector, Mr. Shelley, has instilled such a high standard of personal cleanliness into the food trades that they really do protect us, the public, from the evils of food carelessly handled. The Guild of Food Hygiene is his God-Child - may it prosper under his guidance.

Health Education

There have been no major efforts at Health Education during the year. In that I mean that since we are not a Health Education Authority, we have spent none of the rate-payers' money in public ventures on this count. I would like to think that the work of the Health Department and of the various officials and myself has constituted part of a process of Health Education at a more personal level.

Housing Progress

New Houses completed during 1956	Nil
Total Houses built since 1946	
Council	267
Private	104

During the Annual Inspection by the Council of the districts of Queensbury and Shelf we spent a short time inspecting the area known locally as the Navvy Houses. You will remember this area - its poor approach without made up roads, its concentration of decrepit property all of the "back-to-back" type. These houses constitute an eyesore. They are too small, poorly ventilated, overcrowded on site; they have no amenities in the houses themselves and blocks of toilets are shared at the street ends. The walls are bulging, cracked and permeable to water. The roofs leak and because of poor alignment of the walls the troughing cannot catch the roof water. The last major undertaking of this year was to draw your attention to this area and to represent it to you to be declared a clearance area. This I did because I am convinced that there was no other practical method of dealing with these 44 slum dwellings.

Recent Government Legislation has withdrawn the subsidy for Council houses being built, other than for the purpose of slum clearance as such. When we proposed to the Ministry our five, 10 and 15 year Slum Clearance Programme, this area was the most suitable with which to start our programme. As you will know, slum clearance involves the rehousing of all the families affected, so that before we can proceed with the closure of these groups of houses we must have other houses ready for occupation by those whose houses are to be pulled down. It is a fact that hardship will arise and to deal with this there are provisions in the enactments to help those unfortunate people. Much more would need to be done but we can only compensate as far as Government Legislation will allow, and this amount is assessed by a Government Inspector.

I stated at the beginning of this report that the presentation of the report itself gave me much pleasure and that indeed is a fact, but the preparation of this or any other annual report is no pleasure. It involves going through the whole year's work, sorting out notes which now appear irrelevant and the final editing and rewriting of sections and subsections before the final article is ready. By that time I am sick to death of its contents but the knowledge that my words do not fall on deaf ears and that the report is appreciated by you as councillors as well as those officials of the Ministry who abstract statistical detail - these facts make the report worthwhile. This year I have attempted to overcome some of my previous errors of preparation and I have shifted the bulk of the figures and statistics to the back of the report. I shall deal with the various sections in paragraph form and numerical details can be found elsewhere in the body of the report.

Care of the Aged

By virtue of Section 47 of the National Assistance Act, 1948, and its Amendment Act, 1951, I am empowered by this Council to act in accordance with these two Acts and cause an old person to be removed to hospital for care and attention. These Acts work in this manner and I give this example:-

During the early part of this year an old man was found by his doctor to be ill and in need of hospital treatment. He refused all offers of such treatment however.

The doctor informed me and we both visited the patient. He was living alone in indescribable filth and was suffering from Bronchitis and Malnutrition. He refused point blank to go for in-patient treatment and it was not possible to provide the necessary care and attention which he needed to keep him alive and well any other way save by in-patient treatment in hospital. A magistrate was found who agreed with the fact that he needed this care and attention, having seen for himself the poor state of his health and the appalling state of filth of his person and his home. An order was made by the magistrate and the old man was duly admitted to Clayton Institute where he has remained ever since. He has been visited by one of our lady councillors many times and he is well and happy.

I need not go into the various details of the Acts which provide for such services, but I can say that far from being bureaucratic in their interpretation they are the essence of kindly and Christian ethics.

Tuberculosis

First the facts. This is still the greatest killer of the infectious diseases. In 1955 it killed 6,492 persons in England and Wales, and nearly 40,000 new cases were added to the Tuberculosis Register. No small problem this. Any disease which can wipe out a number of people about the size of the population of Queensbury in one year is something to be reckoned with. This, mark you, in spite of drugs, doctors and the entire National Health Service.

The disease is spread from person to person, therefore preventive measures primarily aim at the identification of each case at the earliest possible moment so that further spread can be prevented. Admission to Sanatoria - now commonly known as Chest Hospitals - can be arranged with minimum of delay, and in this area there is literally no waiting period for all practical purposes. Assessment of the type of disease is made and as soon as the disease becomes quiescent and if the home is satisfactory, the patient can receive much of his treatment at home. This has everything to recommend it and I have seen many patients who could not settle in hospital do exceptionally well at home. Patients are non-infectious when they are at home and there is for all practical purposes no danger of their infecting others in the home or elsewhere.

Silicosis

The first cousin and bedfellow of Tuberculosis is Silicosis. This disease is not unknown to Queeensbury and Shelf especially in those engaged in stone cutting and in silica clay pit works. The silica particle of dust varies in size and arises from both igneous and sedimentary rocks. It exists in clay in various proportions and can exert its evil influence by inhalation. The larger, i.e. larger than five micron, particles of silica dust are not regarded as capable of reaching the alveoli of the lungs, but ultra microscopic particles, i.e. smaller than five micron, are now considered to be more toxic than the larger ones, offering for their size a larger surface area for reactions with the living tissue in which they are embedded. These particles are

poisonous to the living tissue cells of the blood, viz, the white cells which protect the tissues. When enormous numbers of these cells are killed the area is replaced by fibrous tissue and this fibrous tissue in turn replaces the essential breathing tissue of the lungs causing irreversible changes which may progress to what is known as progressive massive fibrosis of the lungs. This in turn may cause heart failure and death. In association with this disease the lack of white blood cells active in the lungs may give rise to Tuberculosis either by re-awakening an already dormant Tuberculous area or by superadded infection. This then may be called the classical Duet of Death.

I do not wish to over-state the case but the danger is always present in stone works or in silica clay workings. I am at present trying to establish, by laboratory methods, the particle size of silica dust in local workings so that a more accurate estimate of the silica problem can be made.

Small Pox

There were no cases of Small Pox in the area during the year, nor were we involved in any contact work in connection with this disease. Vaccination against Small Pox as a routine precautionary measure appears to be still falling off. In spite of all our efforts in what might be called propaganda work, the public are just not interested until a scare occurs. Then pandemonium breaks loose and we are deluged with requests and the local clinic and the general medical practitioners are crowded out. This is understandable and shows what a strong motivating force fear is. It also shows that the public really believe in the efficiency of vaccination as a preventive measure but only in the presence of a real scare. With regard to International Certificates of Vaccination I may add that with the increase in the number of people who are emigrating, greater numbers of these certificates arrive for the necessary stamp. This is an official rubber stamp of the Council and it is affixed to the certificate to verify that a registered medical practitioner has carried out vaccination and has signed the certificate.

Scarlet Fever

This disease is now a minor illness. It may be conveniently described as a "sore throat with a rash". No routine precautions or measures are now used with this disease and no terminal disinfection. There is no reason why admission to hospital should be procured in all cases of Scarlet Fever. We have had sporadic cases during the year but no major outbreak.

Food Poisoning

There were no verified cases of this disease in the area during the year although individual cases were notified. We are very fortunate in this respect and it must be ascribed to the increasing amount of care being taken in food handling and to the higher level of general food hygiene especially amongst the food retailers. Great credit is due to the members of the Guild of Food Hygiene who have co-operated so well, often in spite of heavy financial outlay in trying to raise the level of hygiene in their premises.

Dysentery

During the year we have had over one hundred cases of Bacillary Dysentery notified to us. This is more than likely only a small part of the full number of cases that occurred in the area. Dysentery is a disease characterized by diarrhoea of varying degrees of severity and it occurs more commonly amongst the school going children. It has been labelled the "Black Sheep" of epidemiology as it does not appear to be controllable by the usual methods of prevention. It is nation-wide in its spread and has been increasing in the number of outbreaks since the war years. It is highly contagious. Its mode of spread is facilitated by the habits of school children especially in regard to toilets. One child becomes infected and as a result suffers from diarrhoea. The fact that so many children stay in school for school dinners means that they use the school toilets a great deal even when they do not have diarrhoea. When the motions are frequent due to diarrhoea use of the toilets is correspondingly greater and recent studies have shown that in the presence of Bacillary Dysentery -

(a) the toilet seat
(b) the toilet receptacle
(c) the toilet surrounds

all three are heavily infected. The hands of the child are almost always infected and so the infection is spread to other toilet users and indeed to other children who have such close contact with the infected child. One must remember that first of all the school toilet is really a communal toilet for many users. The school meals are not a vehicle for spread per se but the fact that the children stay in school for the school dinners means that the child is away from home for long periods each day and almost all the children use the toilet especially after the dinner break and in the presence of one case of diarrhoea almost all the children will be exposed to infection and the consequences are obvious. The next child picks up the infection, takes it home and after a day or two of incubation starts with diarrhoea. Should the children with diarrhoea attend school the dissemination of infection is very high indeed since the toilet and its surrounds are the mode of spread. Apart from that the home is very heavily infected too and there is an extremely high rate of transfer of infection in and around the home. The younger children run a greater risk because of the normal habits of children to finger-suck, etc. We have found in Queensbury and Shelf that the rate of transfer of infection in the home is in direct ratio to the level of hygiene in the home. I have watched infection spread from one child to the other and pass through the shared toilet with the next door neighbour to the children of that house. The use of the bed-side pot which can remain unemptied and uncleansed for longer than I care to mention is to be condemned in such cases. It can be truly said that the distance man puts between himself and his excrement is a true measure of his social advancement. In no condition is it more clearly seen than in the case of Dysentery. When one considers that Poliomyelitis is spread in a similar manner it can be seen how easily we could become involved in a Poliomyelitis outbreak.

There are mothers who will send their child or children to school with diarrhoea and these I do condemn. First, it is cruel to the child and, secondly, it is a great danger to the others. Dysentery does not normally kill but should a young baby be infected as a result of such neglect there may be great danger indeed. It is surprising how much personal neglect still prevails amongst some mothers. They go to work and leave the child to go to school so that they do not miss their work. Many of the children who get ill late in the afternoon or evening were really not fit to go to school that morning but the mothers have a thousand reasons for allowing the child to attend school when the real reason was "Money". One is inclined to poke fun at our puerile attempts to control this simple disease amongst school children. It could be controlled simply if the mothers did their part. First, no child with diarrhoea or looseness of the bowels should be allowed to go to school. Second, hand washing should be a ritual after using the toilet, either at home or at any other place, and that ritual should apply to the use of the toilet for any reason whatever. Third, the school toilets and surrounds should be scrupulously cleansed and disinfected perhaps twice daily in the presence of any outbreak of diarrhoea. Fourth, the use of a lotion for hand disinfection after the use of the toilet can be easily instituted in schools involved in Dysentery outbreaks. Indeed, the prevention of outbreaks would be possible if such precautions were taken the whole year round. The schools may be rather worried about the expense, but the fruitless expense involved in our attempts to control our annual Dysentery outbreaks costs a great deal more. When one thinks of the Public Health Laboratory Service's, Health Inspector's, Health Visitor's and Medical Officer's time, not to mention the cost of treatment itself, there can be no doubt that a determined effort at prevention should and could pay dividends.

Poliomyelitis

We had no outbreaks of Poliomyelitis during the year but one case did occur which we must regard as a Non-Paralytic Poliomyelitis. Complete recovery took place. Due to the difficulty in establishing a diagnosis, house and garden quarantine was really impractical in the fullest extent. However, partial quarantine was observed as far as we could and the Health Visitor visited regularly during the incubation period. No secondary cases occurred. We were, however, never one hundred per cent sure that the case was a true blue Poliomyelitis to start with - nevertheless we took all precautionary measures which we thought to be necessary.

Smoke and Atmospheric Pollution

There are many reasons why preventive measures should be adopted to deal with the menace of atmospheric pollution. We live by breathing this air around us and if anyone knowingly pollutes the air with noxious substance, that person commits an assault not on one person but upon the entire community. That person is surely an enemy of society and should be dealt with by legislation to restrain him or his agents from repeating such acts of assault. Now when it is remembered that in one month, December 1952 "Smog"(i.e. smoke and fog) was directly responsible for the known deaths of 4,000 persons in the London area alone, it must be realized what a great problem it constitutes.

Not alone that, but the cost to the community runs into hundreds of millions of pounds to try to undo the harm done by smoke in the atmosphere. But do not let us blame "The dark Satanic Mills" for everything - for as much as half the atmospheric pollution comes from domestic appliances - the open coal fire in other words. During the year 1956 the first Clean Air Act was passed and during the coming year it will come into force. Under this Act local authorities can declare that certain areas be made Smoke Control Areas and in these areas subsequently only smokeless fuels can be burned. To help do this the Central and Local Authority can pay minimum grants of seven-tenths of any reasonable and necessary expense so that the residents can install smokeless fuel appliances; except of course in the case of property owned by the local authority when six-tenths of the cost of the new appliance must be met by the local authority, the Central Government paying four-tenths. These are the rough facts of what clean air involves from the domestic aspect.

Of course there are loop-holes - especially when you see such sentences as "substantial or reasonable quantity of smoke" occurring in the wording of the Act. These sentences defeat much of the work of the Smoke Inspector as indeed do similar phrases in the Clean Food Act when it comes to interpretation by the Public Health Inspector or the Medical Officer of Health. Here again the success of Clean Air Regulations depends, as does the success of Clean Food Acts, on the intelligent realization of the public that clean air is as necessary as clean food or clean water.

Diphtheria

Although Diphtheria is deadly, thank heaven its deadliness has not been felt in Queensbury and Shelf where we have been free from that disease for nearly ten years. The accurate level of immunity of the children cannot be truly known but it is fairly high. The Clinic Doctor, the Health Visitor, and the local doctors do all in their power to instill into the parents the need for immunization of young children; and, as all these services are free, only the careless ones neglect these precautions.

Mass Radiography

During the 27th and the 28th September, 1956, the Mass Radiography Unit from St. Luke's Hospital, Bradford, visited the Victoria Hall. I give below some details which I have abstracted from their full report:-

	Males	Females	Total
(i) Examinations			
(a) Miniature X-Rays Taken	344	409	753
(b) No. Recalled for Larger Film	9	7	16
(ii) Analysis of Provisional Findings			
(a) Active Tuberculosis	2	1	3
(b) Inactive Tuberculosis	1	2	3
(c) Other Abnormalities	4	4	8
(d) Failure to Return for Larger Film	1	-	1

	Males	Females	Total
(iii) These "Other Abnormalities" included:-			
Virus Infections			1
Bronchiectasis			1
Non-Tuberculous Fibrosis of Lungs			1
Pneumoconiosis			2
Primary Cancer of Lung			1
Old Pleurisy			1
Sinosis of Heart and Bloodvessels			1

I must record my gratitude to Dr. Deasy and to the staff of Radiographers and assistants who worked so hard during the period. A higher level of recall was instituted so that abnormalities other than Tuberculosis might be brought to light. This service of mass miniature radiography was carried out by the Regional Hospital Board, Leeds, and is not a local hospital or County Council service. Two of the local industries co-operated handsomely with the survey and provided transport to bring their workers to the unit. They also paid their workers while they were being brought to the unit and returned. The conscientiousness of such industries and their management is of a high level. We are grateful to them. Much publicity was put into this survey and both Mr. Shelley and myself personally visited the local industries to get the management interested and to try to get a high turn up for X-ray. Indeed this method was so successful that the appointment book was over-filled and arrangements had to be put in hand to take added numbers. Later this did not suffice and the overspill had to be directed to the next visit of the unit to St. John's Hospital, Halifax, and the Chest Clinic, St. Luke's Hospital, Bradford. I have never seen publicity pay such dividends.

Public Conveniences

During the year 1956 the Council approved the setting up of a block of public conveniences at the 'bus terminus in Queensbury, near to the Granby Hotel. The block will consist of a gentlemen's,as well as a ladies', toilet with the provision of running cold water, hand basin and paper towels. The block should be complete by the end of 1957.

There are also in Queensbury two other gentlemen's toilets and these, although they do serve a purpose, are in a very poor state, both in design and in location, and the restricted use to which they can be put, in that they are only of the urinal type, makes their continued use problematic.

General Amenities

During the past years, I have been struck by the continued existence in the centre of our village of a patch of usable ground about the size of one-ninth of an acre at the junction of Chapel Street and Albert Road. This land serves an occasional use as a space in which to hang clothes so that they may be dried. This restricted use is out of all proportion to the nuisance value of the area. It is visited by dogs mostly and much fouling takes place. It is also an eyesore in the centre of our village. Surely a better use could be found for this land. Could it not be

developed as a small green space with a tree and a seat or used to extend or widen the road junction, especially in view of the proposed new 'bus service from Bradshaw to Queensbury? The development of this patch could benefit the area as well as improving the local amenities and thereby possibly the village trade and business.

I do feel that much more could be done at very little cost to help beautify the area. We lack more than anything else trees and shrubs in this village. Our own Victoria Hall to start with - why so much iron railings in front of it marring the view of this, the only decent building in the area. Why not a bold drive in with positively "No Parking Allowed". Plant trees here and there so that the grey grimness of the stone could be broken by green and growing things. Our estates especially at Hillcrest and Belle Vue cry out for the comparative luxury of a few trees to line the roadsides.

Schools and Infection

During epidemics it often happens that there is a popular clamour for the closure of schools. Those who make this demand can be excused on the ground that they lack personal knowledge of the futility of such action but the Medical Officer concerned must not allow himself to be stampeded into action which is known to be not only useless but positively unwise. As a general rule closure of a school is not justified unless all the following conditions are simultaneously present.

(a) Evidence points to the continued meeting of children at school as a means of spreading infection.

(b) Cases of infectious disease continue to occur after all efforts to discover other methods of spread have failed.

(c) There are good reasons to expect that closure will considerably reduce the likelihood of exposure to infection of those susceptible to the disease.

It follows then that the strongest case for closure occurs in rural areas with a scattered population. In such areas, owing to the fact that children of different households have fewer opportunities for meeting otherwise than at school, the closure of isolated schools with a small attendance may sometimes help to prevent the spread of disease. Therefore, if the power to exclude individual children from school is used to the best advantage, it is only in special and quite exceptional cases that it will be necessary to close a school in the interest of public health. Such closures interfere seriously and unjustifiably with the education of the pupils.

The answer is then for selective exclusion of cases (early and mild as well as actual cases) and the exclusion of contacts.

Should closure of a school or schools be thought necessary the Principal School Medical Officer who is also the County Medical Officer of Health may advise the Education Authority and thereby cause the school or schools to be closed.

Cancer

During the year Cancer is known to have killed 17 people in the area. This happened in spite of the fact that most patients come to the doctor very early when they are off colour or in any way ill. I can vouch for the fact that full investigation is taken at a very early stage should there be the slightest suspicion that the illness could be due to serious disease or Cancer. The Radiologists complain that the great bulk of X-ray examinations carried out produce negative results and normal findings. Why then do so many people die of Cancer? First, because Cancer is the most fatal of all the diseases. The doctors know that and so do the patients. The doctors are constantly on the lookout for this dreaded disease and keep it constantly in their minds. The patients, although not admitting it, also keep it constantly in their minds should there be any serious pains or lumps or loss of weight. Why then special Cancer education? The public do not need to be told how to suspect Cancer. They already suspect Cancer even when there is no Cancer. Indeed if they truly suspect Cancer in themselves they will keep it secret because of the awful fear of impending doom. Cancer education, as a specific type of Health Education, accomplishes nothing but instills fear and causes Cancerphobia. The fear of a disease is more difficult to cure than the disease itself. Indeed fear easily becomes morbid or unreasonable and is then a disease in itself. Why then attempt fruitlessly to prevent and cure one disease in a few people but causing another disease in a great many people. Success in Cancer treatment, like so many other diseases which have been successfully treated, will spread the belief in the curability of Cancer. Those who delay in seeking treatment for Cancer do so because they suspect that it is Cancer from the start and are hoping that they are wrong and that the condition will clear up itself. These people can be brought for early treatment by the wider appreciation that Cancer is curable. But is this true in all cases or even in most cases? No, it is not true as yet, but if people come earlier for treatment a greater number of them would be cured or at least their useful existence would be prolonged, and they will only come earlier when convinced that by and large their chances of survival are fairly good. Unfortunately their chances are poor in a great many cases and these patients know it. Why do doctors and nurses and others who should know better come late for treatment? Is it because they themselves did not suspect Cancer? On the contrary, they suspected only too well from the start and fear kept them from seeking early treatment. One treats fear with reassurance and facts and I personally think that the facts about Cancer are still poor.

Fear - The Commonest Disease

Fear is the natural reaction of an intelligent individual to danger. In all animals it is an instinct and is immediate in onset as a response to danger. In human beings this normal and protective reaction of the individual to danger can easily become abnormal in that it can be too easily produced and last too long and have remote effects which interfere with its protective use.

Shakespeare said "A coward dies several times before his death" and when it comes to disease and death we are all cowards. The fear that makes us cowards is so often unnecessary, pointless, useless and even dangerous in that we suffer not from disease but from the fear of disease.

We praise programmes of Health Education but how much of our Health Education is in fact disease education and we are left with a dread of disease - the disease it was hoped we could prevent. The chances are high that we will not develop that disease but the chances are also high that we do start to suffer from the fear of that very disease or some related disease, or even the vague fear of all disease in general. Our happy peace of mind has been disturbed and a seed of doubt implanted. We doubt in our own wellbeing. We start wondering what this symptom or that sign may be due to and always fearing the worst. This is the way much present day health education and medical articles in popular journals strike the uneasy, the sensitive, the timid, or any other susceptible individual.

Of all the forms of Health Education, the one I would vote least likely to succeed is Cancer Education. It is not, of course, Health Education at all, but disease education pure and simple. One may well ask on what grounds I make this sweeping statement, and I would answer that after 15 years as a doctor I consider that the greatest single menace to man to-day is fear and anything that helps to increase fear must be discouraged with all one's might. Of all the conditions that afflict the human form I rate fear as the most difficult to deal with. Diseases can be dealt with, either cured or alleviated as the case may be, but fear persists even after cure is often complete. Then it is that fear is no longer a protective instinct but a disease. Fear presupposes that the problem cannot be met and dealt with. Fear is like the cockle sown by the enemy in amongst the wheat, threatening to destroy the grain - the grain being our sanity. Fear fills the doctors' waiting rooms up and down the country. Fear fills the hospitals with patients awaiting fruitless and negative investigations. When fear becomes unmanageable the body starts to suffer from its effects and these effects are easily confused with disease of parts of the body; whereas, in fact, they may be only functional disorders and not diseases. Remember that for every two patients going into hospital to-day one is probably going into a mental hospital or a psychiatric wing of a general hospital and remember also that the commonest early symptom of mental disturbance is anxiety or fear as it should be called.

In the preventive aspect of medical work in the community much more attention will have to be paid to the mental side of public health if we are to try to empty our psychiatric units and mental hospitals as we have almost emptied our so-called "Fever Hospitals" in the last generation. Social security and welfare have helped build up the community to its present high standard. Let us now try to turn our talents to mental welfare and I am sure success will similarly crown our efforts.

May I conclude by saying how pleased I was during the year by the courtesy shown to me by the Chairman, Councillor J. H. Moore, and the entire Health Committee.

Mr. Shelley, our Public Health Inspector, he carries most of the burdens of the Health Department on his shoulders and I hold his skill and judgement in very high regard. His wide knowledge and patience in dealing with the many problems that arise are worthy of high praise.

I am lucky to have such a colleague. The staff of the department is always ready and willing to help. The Divisional Health Department in Brighouse has always been most helpful and I must refer to the Divisional Medical Officer, Dr. F. Appleton, whose help and advice have been a godsend at times during the year.

I remain,
Mr. Chairman, Lady and Gentlemen,
Your obedient Servant,

R A Collier.

Medical Officer of Health

ENVIRONMENTAL DESCRIPTION OF THE AREA

Area (in acres)	2,795
Population	8,920
Average number of persons per acre	3.19
Number of inhabited houses	3,381
Average number of inhabited houses per acre	1.20
Average number of persons per house	2.63
Rateable Value	£81,461
Product of penny rate	£225
Rate in the pound	20s.

The area is made up of the old Urban Districts of Queensbury and Shelf, which were amalgamated in 1937. Queensbury lies across the Bradford-Halifax Road (A.647), Shelf across Bradford-Manchester Road (A.6036), the two areas being joined by the Brighouse-Keighley Road (A.644).

The combined area is bounded on the north and east by Bradford County Borough, on the west and part of the south by Halifax County Borough, the remaining southern boundary meeting the Borough of Brighouse.

The area is mainly high and exposed, the northern tip of the district being actually named "Mountain" as it is at an altitude of some 1,200 feet above sea level. The average altitude of Queensbury is about, 1,100 feet, while that of Shelf is about 850 feet. The village of Queensbury is situated on a high eminence overlooking Bradford and Halifax about midway between the two towns with extensive views in all directions, especially from Mountain. From this eminence Penyghent, Ingleborough and Whernside, forty miles away, are clearly seen in the north-west. There is probably a no more populous place at a greater elevation in England than Queensbury.

Shelf is rather less hilly, with an area of 1,303 acres and is divided into two distinct watersheds. The first includes Shelf village, Shelf Moor, and drains naturally into the stream named Woodfall Beck. The other watershed includes the hamlet of Stone Chair, Lower Shelf, and Lumb Brook, and drains naturally down to Lumb Brook, the land falling regularly from N.W. to S. E.

The exposure rating of this area by the Institute of Heating and Ventilating Engineers is "severe", the number of degree days being about 5,500 for an internal temperature of 65°F. and external temperature of 30°F.

Rainfall is about 50 ins.

Geologically, the district has little of importance. A narrow strip of the millstone-grit which forms the main mass of the Pennine Chain crosses on the western boundary of Queensbury, the rest of the area being covered by sandstone except for an area stretching from the neck where the two areas were joined to a line running almost east-west from Stone Chair to Green Lane.

Apart from the western strip of millstone-grit already mentioned, the area lies on the Lower Coal Measure, which forms the West Riding Coalfield. The Coal Measure, consisting of shales, sandstone, coal and underclays, occurs in a basinlike fold, with its axis

running north-north-west to south-south-east, the whole basin having an eastward tilt. Thus the approach to the northern and western edges of the basin is marked by one seam after another, curving up to the surface and ending, until a stage is reached at which mining is uneconomical. It is on this western edge that the district lies, and there are at present no mines in operation in the area although one mine was worked for some years in Queensbury and there are some old "Bell pits" in a restricted area at Shelf. There is practically no risk of subsidence from mining operations and little loss of amenity by reason of spoil heaps.

By far the greater loss of amenity has been caused by the working of the sandstone mentioned above, at a time when rapid but undirected growth was proceeding all over the area. From the haphazard growth of the nineteenth century has been received a legacy of narrow streets, back-to-back houses, badly placed works and ruined amenities which provide all the worst and most costly problems of modern town planning.

A certain amount of clay mining is taking place, but this, fortunately, does not impair the general amenities of the area.

Probably due to the poor soil yielded by the Coal Measures and climatic features referred to, agriculture plays little part in the life of the district, dairy farming and stock raising being the principal occupations of the farming community.

As might be expected from the situation of the district, the textile industry is the most important one in the area. Two centuries ago nearly every house had its own loom and spinning wheel, and to-day most families in the area have some connection with the trade. Probably Black Dyke Mills, originally built in 1835, has been the greatest single factor promoting the growth of Queensbury. Three other mills are located in Shelf.

There are two parks in Queensbury, totalling 9.00 acres, 6.00 acres of which are for games only, a private golf course of 31.5 acres, three recreation grounds totalling 10.00 acres, and 7.20 acres of allotments.

There are no common lands in the area.

Just before the outbreak of war, Littlemoor Park, belonging to the Foster estate, was gifted to the Council, and is being developed as a public park. The area is 28.00 acres.

A REPORT WITHIN A REPORT

OR

VITAL STATISTICS

The purpose of these statistics is to give the numbers of births and deaths, and to turn these figures into rates which allow of useful comparison with previous years, and with other districts. They also serve as a basis for criticism on the factors affecting these rates. For example, to say that 105 persons died during the year means little. But to say that 11.8 per 1,000 of the population died in 1956 means that straightaway a comparison can be made with the death rate per 1,000 in other districts. Now it might be, for example, that at retirement many of our older people retire to Morecambe and die there. On this basis the death rate at Morecambe should be higher than here, and our death rate is lower than it should be. Because of factors like this the Registrar General issues a comparability factor to multiply against our crude death rate so as to get an adjusted death rate. This gives a truer rate for comparison of the mortality in different areas. This year our factor is 1.05 so that the crude death rate of 11.8 becomes 12.4. This rate can now be properly compared with the rate for England and Wales of 11.7.

We can go further and find the rates for deaths due to specified causes, such as heart disease or Cancer; or due to childish diseases like Measles, Whooping Cough or Diphtheria which may reflect the efficiencies of vaccination and immunization. We can examine the risk at birth - how many children survive the first four weeks of life, or the first 12 months. These figures tend to relate themselves to the efficiency of the services which operate when a child is being brought into the world. The maternal mortality shows the risk to a mother in having a child.

The birth rate is similarly adjusted. The number of births depends upon the number of women married and between the ages of 15 and 45. The Registrar General from census figures and other information gives us the factor to adjust our crude rate to one more related to the age structure of our population. This then becomes a better comparison as a fertility rate.

So that, far from being dull dry figures, statistics such as these can be fascinating glimpses of how our lives are started, changed, preserved and finally ended. All praise to those who, by studying these figures, can institute changes which ultimately add to human health and happiness.

BIRTHS 1956

How many babies were born?

	M.	F.	
Legitimate	75	68	143
Illegitimate	2	3	5
		Total	148

This gives a Crude Birth Rate of 16.6 per 1,000 resident population which, when multiplied by the Comparability Factor of 0.96 gives an Adjusted Birth Rate of 15.9 per 1.000 resident population.

Figures for comparison are:-

England and Wales	15.7
West Riding County	16.5
Highest W.R. District	22.7
Lowest W.R. District	10.7

The Still Birth Rate was Nil this year. This compares with an average for the West Riding Area of 23.1 per 1,000 (live and still) births.

Where were the babies born?

The following table shows this:-

At Home		In Institution	
M.	F.	M.	F.
26	25	51	46

Thus 51 out of 148, or 34 per cent were born at home. This percentage is unchanged from last year. We have no figures to quote for comparison with other areas.

We now pass on to consider -

DEATHS 1956

How many of the babies born in 1956 died within four weeks of birth?

This is called the Neo-Natal Mortality.

	M.	F.	
Deaths of infants under four weeks	1	1	2

A rate of 13.5 per 1,000 live births.

Figures for comparison are:-

England and Wales	16.9
West Riding County	19.7
Highest W.R. District Figure	64.5
Lowest W.R. District Figure	Nil

How many babies died within one year of birth?

This is called the Infant Mortality.

	M.	F.	
Deaths of infants under one year	2	2	4

A rate of 27.0 per 1,000 (live and still) births. This figure includes, of course, the two babies who died under four weeks of age.

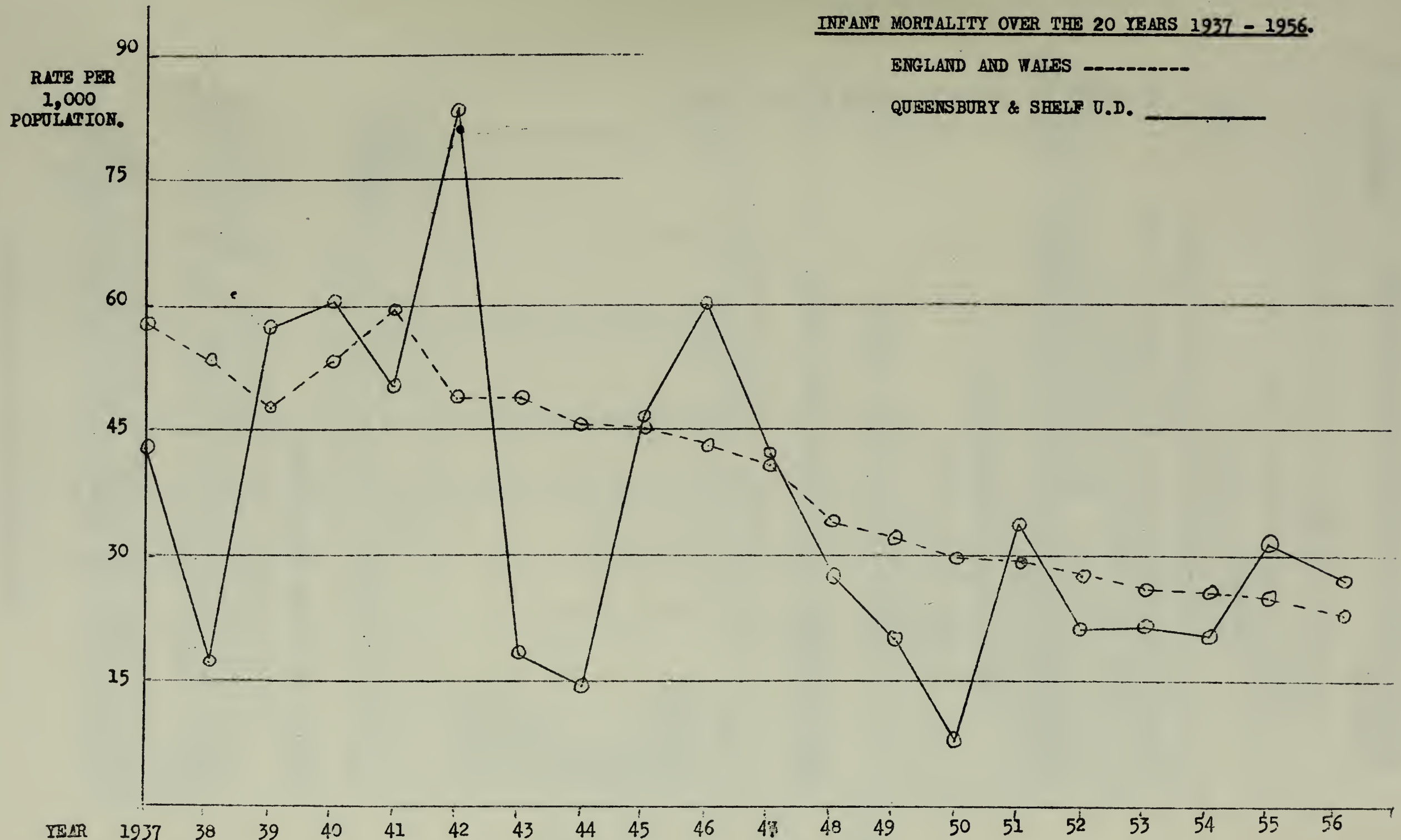
Figures for comparison are:-

England and Wales	23.0
West Riding County	27.1
Highest W.R. District Figure	65.2
Lowest W.R. District Figure	Nil

INFANT MORTALITY OVER THE 20 YEARS 1937 - 1956.

ENGLAND AND WALES ----------

QUEENSBURY & SHELF U.D. _____



How many mothers were lost in childbirth? Or deaths from Puerperal Sepsis and other maternal causes - Maternal Mortality.

No deaths occurred from these causes in 1956.

Figures for comparison are:-

England and Wales	0.52
West Riding County	0.56
per 1,000 (live and still) births	

How many persons died from all causes in 1956?

Males 53. Females 52. Total 105.
This corresponds to a Crude Death Rate of 11.8 per 1,000 resident population. When this is multiplied by the Comparability Factor of 1.05 we get an Adjusted Death Rate of 12.4 per 1,000 resident population.

Figures for comparison are:-

England and Wales	11.7
West Riding County	19.7
Division 18	11.8
Highest W.R. District Figure	24.3
Lowest W.R. District Figure	6.0

Do more people die in winter than summer? The following table is interesting:-

DISTRIBUTION OF DEATHS BY MONTHS - 1956

Month	Total	Male	Female
January	12	5	7
February	23	10	13
March	9	5	4
April	8	4	4
May	10	7	3
June	6	3	3
July	4	1	3
August	5	4	1
September	7	5	2
October	5	3	2
November	11	3	8
December	5	3	2
	105	53	52

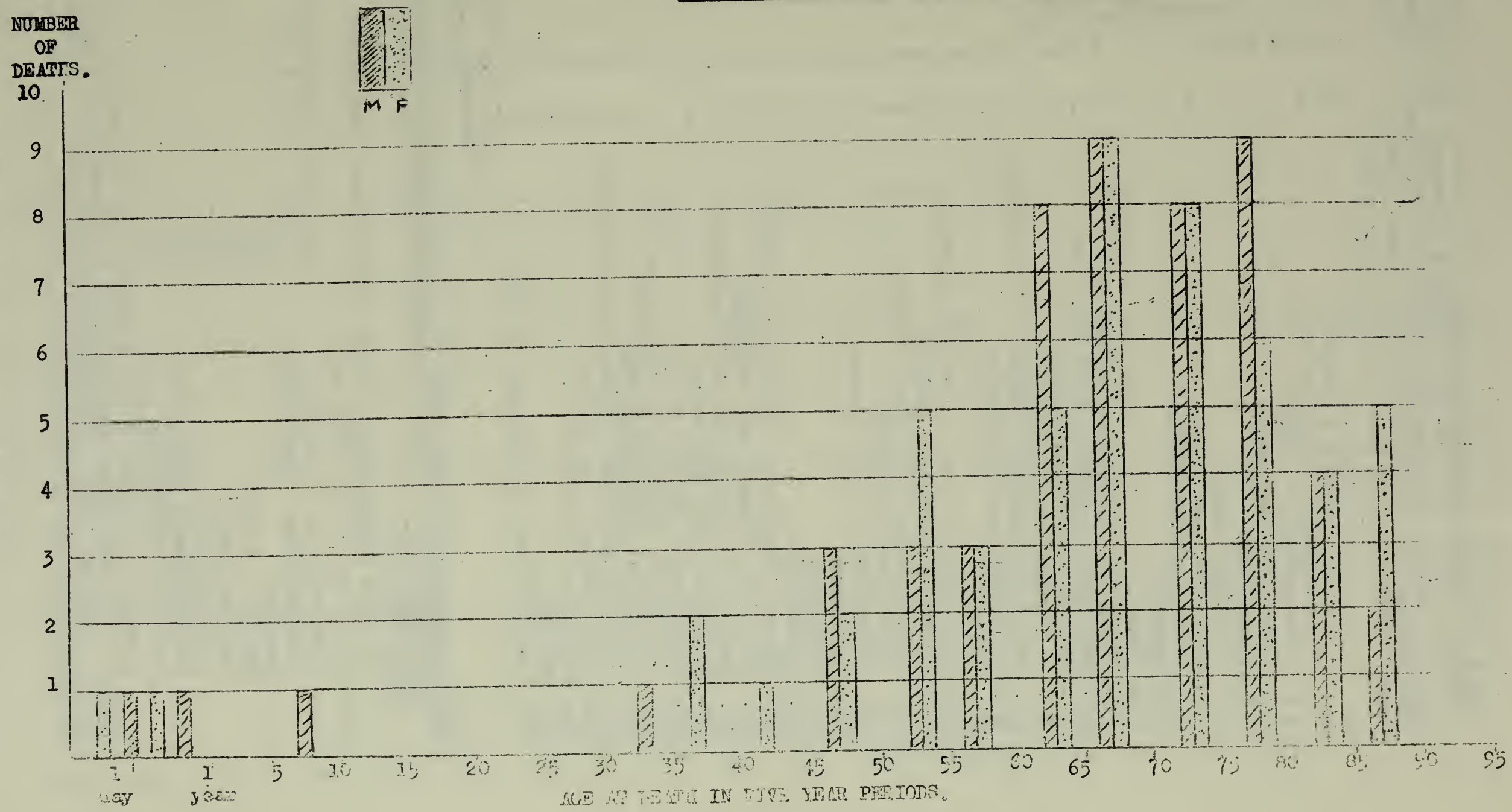
We intend in future to keep records of the weather in order to correlate them with these figures.

At what age does death occur?

The histogram on the opposite page shows the age at death of residents in this area in 1956. Examination of this will show that of the 105 people who died, 64 lived to be over 65, 46 survived to be over 70, and 15 lived to be over 80 years of age.

The average age at death, excluding those deaths occurring within 12 months of birth, was 67.77 years. For males alone the figure is 66.7, and for females 68.78.

DIAGRAM SHOWING NUMBER OF DEATHS BY AGE GROUPS.



At what age do people generally die?

(23)

What did these people die from? There are quite a few blanks in the table below, showing diseases that people did not die from. For the Public Health Department, where prevention is better than cure, these blanks are often of more interest than where figures are given.

Cause of Death	M.	F.	Total
1. Tuberculosis - Respiratory	-	-	-
2. Tuberculosis - Other	-	1	1
3. Syphilitic Diseases	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infection	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other Infective & Parasitic Diseases	-	-	-
10. Malignant Neoplasm Stomach	1	-	1
11. Malignant Neoplasm Lung Bronchus	2	-	2
12. Malignant Neoplasm Breast	-	2	2
13. Malignant Neoplasm Uterus	-	-	-
14. Other Malignant & Lymphatic Neoplasms	8	4	12
15. Leukaemia and Aleukaemia	-	-	-
16. Diabetes	-	1	1
17. Vascular Lesions of Nervous System	6	14	20
18. Coronery Diseases, Angina	13	9	22
19. Hypertension with Heart Disease	3	3	6
20. Other Heart Diseases	2	10	12
21. Other Circulatory Diseases	-	2	2
22. Influenza	-	-	-
23. Pneumonia	2	2	4
24. Bronchitis	5	-	5
25. Other Diseases of Respiratory System	1	2	3
26. Ulcer of Stomach and Duodenum	1	-	1
27. Gastritis, Enteritis and Diarrhoea	2	-	2
28. Nephritis and Nephrosis	-	-	-
29. Hyperplasia of Prostrate	-	-	-
30. Pregnancy, Childbirth, Abortion	-	-	-
31. Congenital Malformations	-	-	-
32. Other Defined and Ill-Defined Diseases	4	2	6
33. Motor Vehicle Accidents	1	-	1
34. All Other Accidents	1	-	1
35. Suicide	1	-	1
36. Homicide and Operations of War	-	-	-
	53	52	105

What progress has been made in reducing deaths from infectious diseases? Or in the numbers suffering from these diseases.

In 1956 deaths from common infectious diseases in Queensbury and Shelf were:-

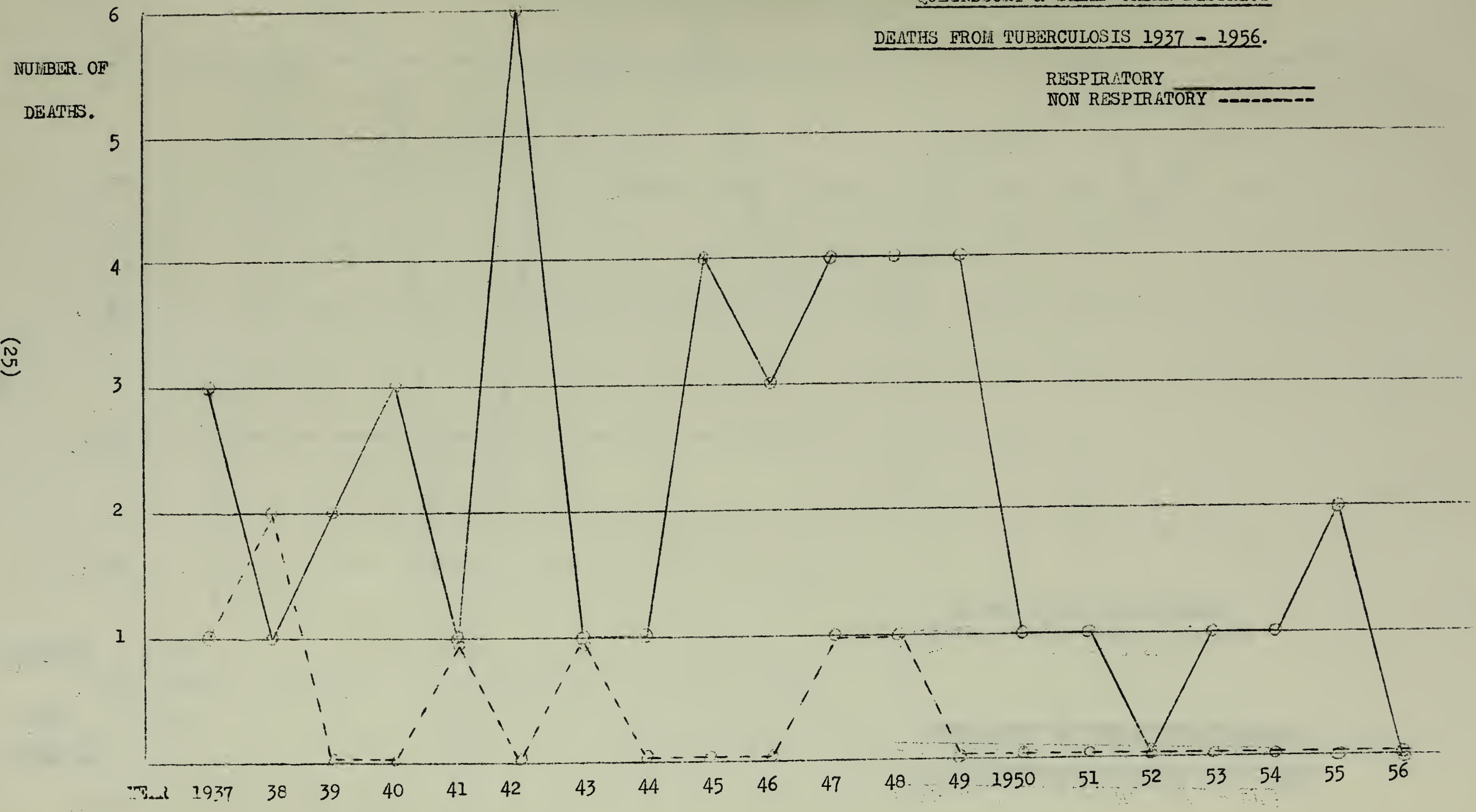
Tuberculosis of lungs	Nil per 1,000 population
Tuberculosis other forms	0.11 " " "
Measles	Nil
Whooping Cough	Nil
Scarlet Fever	Nil
Diphtheria	Nil
Meningococcal Infection	Nil
Acute Poliomyelitis	Nil

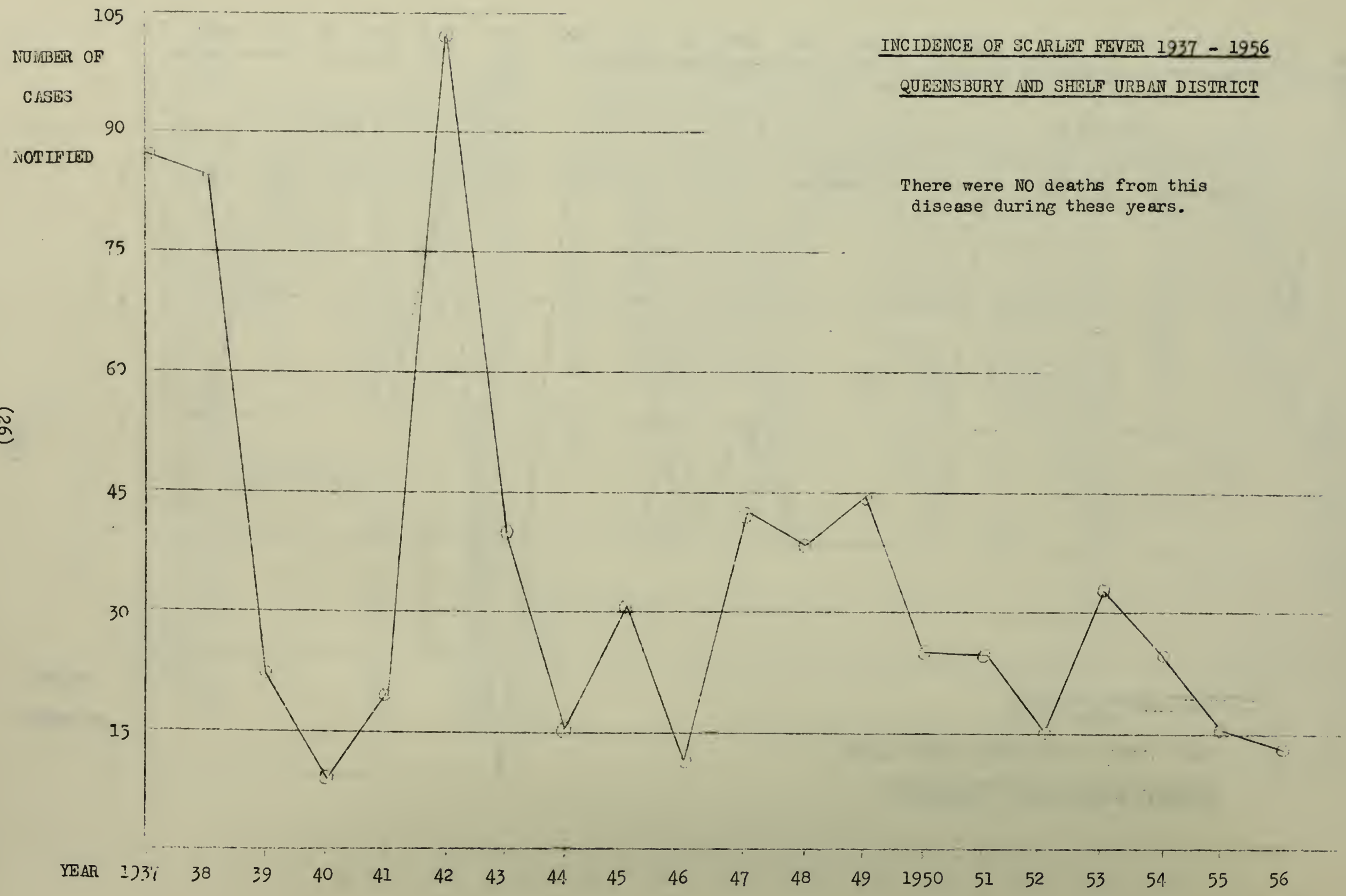
Further evidence of the progressive decrease in the number of deaths from Tuberculosis is shown by the graph on the opposite page. Succeeding graphs give a picture of Diphtheria and Scarlet Fever.

QUEENSBURY & SHELF URBAN DISTRICT

DEATHS FROM TUBERCULOSIS 1937 - 1956.

RESPIRATORY _____
NON RESPIRATORY - - - - - -





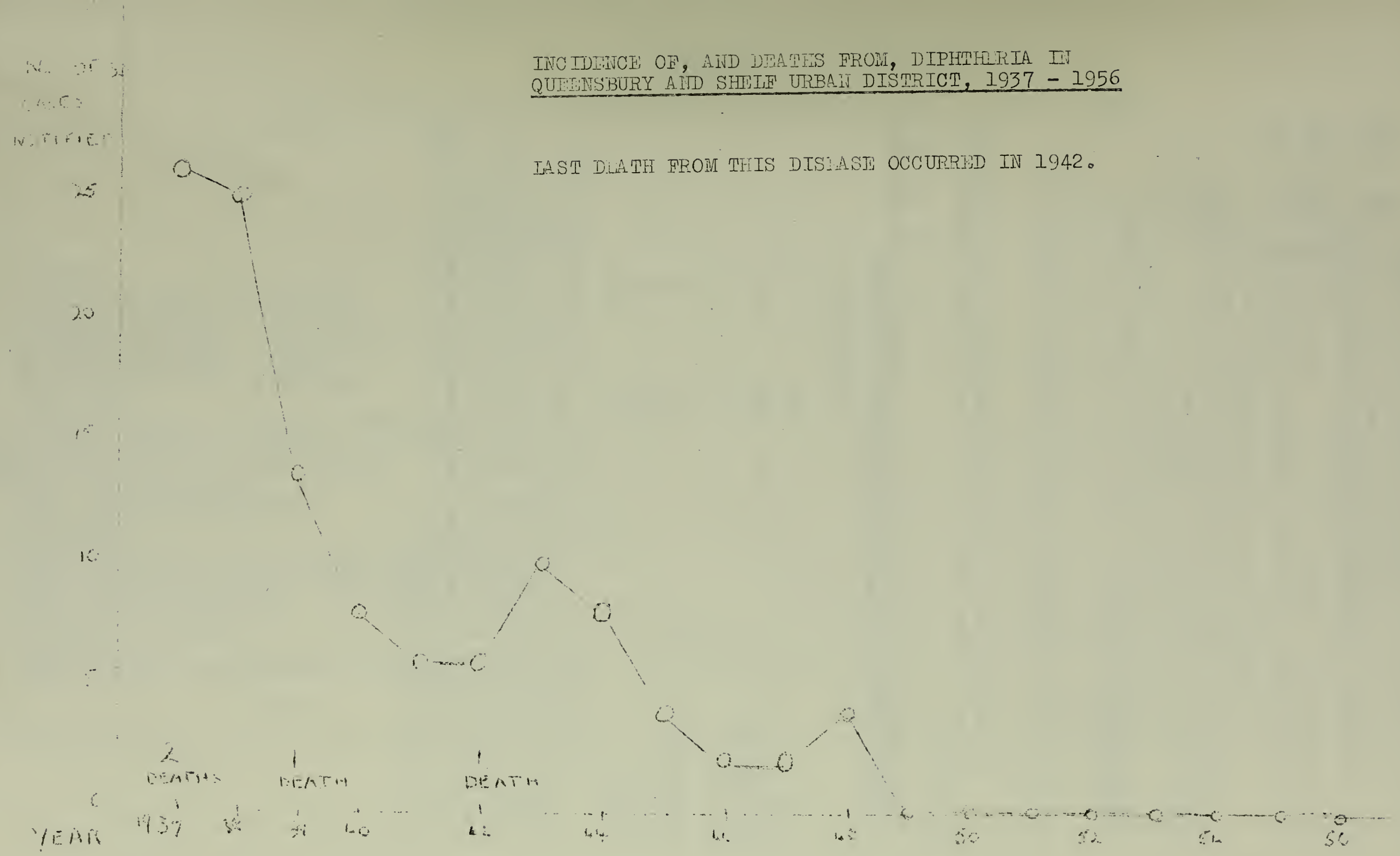
INCIDENCE OF SCARLET FEVER 1937 - 1956

QUEENSBURY AND SHELF URBAN DISTRICT

There were NO deaths from this disease during these years.

INCIDENCE OF, AND DEATHS FROM, DIPHTHERIA IN QUEENSBURY AND SHELF URBAN DISTRICT, 1937 - 1956

LAST DEATH FROM THIS DISEASE OCCURRED IN 1942.



What were the great killers in this area in 1956?

(1) Diseases of the heart and circulation - 4.71 per 1,000
(2) Vascular lesions of the nervous system killed 2.24 per 1,000
(3) Cancer (all forms) killed 1.91 per 1,000
(4) Respiratory diseases (excluding Tuberculosis) killed 1.35 per 1,000

This shows that the greatest killers, as would be expected in a country where an efficient public health service is in operation, are the 'wearing out' conditions rather than the preventable diseases.

What can still be done to reduce the mortality from preventable causes?

It is not proposed to try and answer this question, except to give an example of how statistics can point to an answer to a particular problem.

In an examination of the mortality in County Boroughs for the seven years 1948 to 1954 the following figures can be noted:-

Annual Death Rate per 100,000 at age group 45 - 64 for the years 1948 to 1954 in certain County Boroughs

	Bronchitis	
	M.	F.
Bath	75	9
Bournemouth	87	15
Eastbourne	44	9
Hastings	55	11
Manchester	258	62
Salford	292	72
Wigan	236	60
Oldham	290	102

The difference in the mortality from Bronchitis for males between the two groups is of the order of 200 per 100,000. Or to bring it down to easy figures 2 per 1,000. The crude death rate from Cancer for England and Wales is 2.08 per 1,000. If the air in the heavily polluted towns could be cleaned to the state of that in the resorts quoted in the first group, what thousands of lives could be saved or prolonged. Clean air is a public health or a preventive measure.

TABLE 1

TABLE SHOWING NUMBER OF DEATHS DUE TO SPECIFIED CAUSES AND AGE AT DEATH

Disease	Age Group																			
	Under 1 year		1 - 5		6 - 20		21-35		36-45		46-55		56-65		66-70		Over 70		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Diabetes														1					-	1
Tuberculosis, Non-Respiratory										1									-	1
Ulcer of Stomach and Duodenum													1						1	-
Malignant Neoplasm - Stomach															1				1	-
Malignant Neoplasm, Lung Bronchus											2								2	-
Malignant Neoplasm - Breast										1		1							-	2
Other Malignant and Lymphatic Neoplasm											1	2	1			2	6		8	4
Vascular Lesions of Nervous System												3	2		2	4	2	7	6	14
Coronary Disease - Angina											1		4	4	4		4	5	13	9
Hypertension with Heart Disease													1		1	1	1	2	3	3
Other Heart Diseases											1			2		3	1	5	2	10
Other Circulatory Disease												1						1	-	2
Pneumonia																	2	2	2	2
Bronchitis											1		2				2		5	-
Other Diseases of Respiratory System		1													1			1	1	2
Gastritis, Enteritis and Diarrhoea	1																1		2	-
Motor Vehicle Accidents									1										1	-
All Other Accidents					1														1	-
Suicide																	1		1	-
Other Defined & Ill-Defined Diseases	1	1															3	1	4	2
Totals	2	2			1				1	2	6	7	11	7	9	10	23	24	53	52

SUMMARY OF CASES OF FOOD POISONING AS REQUIRED BY MEMO. 188 MED. OF MINISTRY OF HEALTH

APPENDIX D (i)

1. County District: Queensbury and Shelf Urban District

   Year 1956

2. Food Poisoning Notifications (corrected) returned to Registrar General

First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
-	-	-	1	1

3. Outbreaks due to identified agents

   Total outbreaks - Nil. Total cases - Nil.

   Outbreaks due to:-

(a) Chemical Poisons	Nil
(b) Salmonella Organisms	Nil
(c) Staphylococci (including toxin)	Nil
(d) Cl Botulinum	Nil
(e) Other Bacteria	Nil

4. Outbreaks of undiscovered causes

   Total outbreaks Nil. Total cases - Nil.

5. Single cases

Agent identified	1	- Salmonella Typhi-Murium
Unknown cause	Nil	
Total	1	

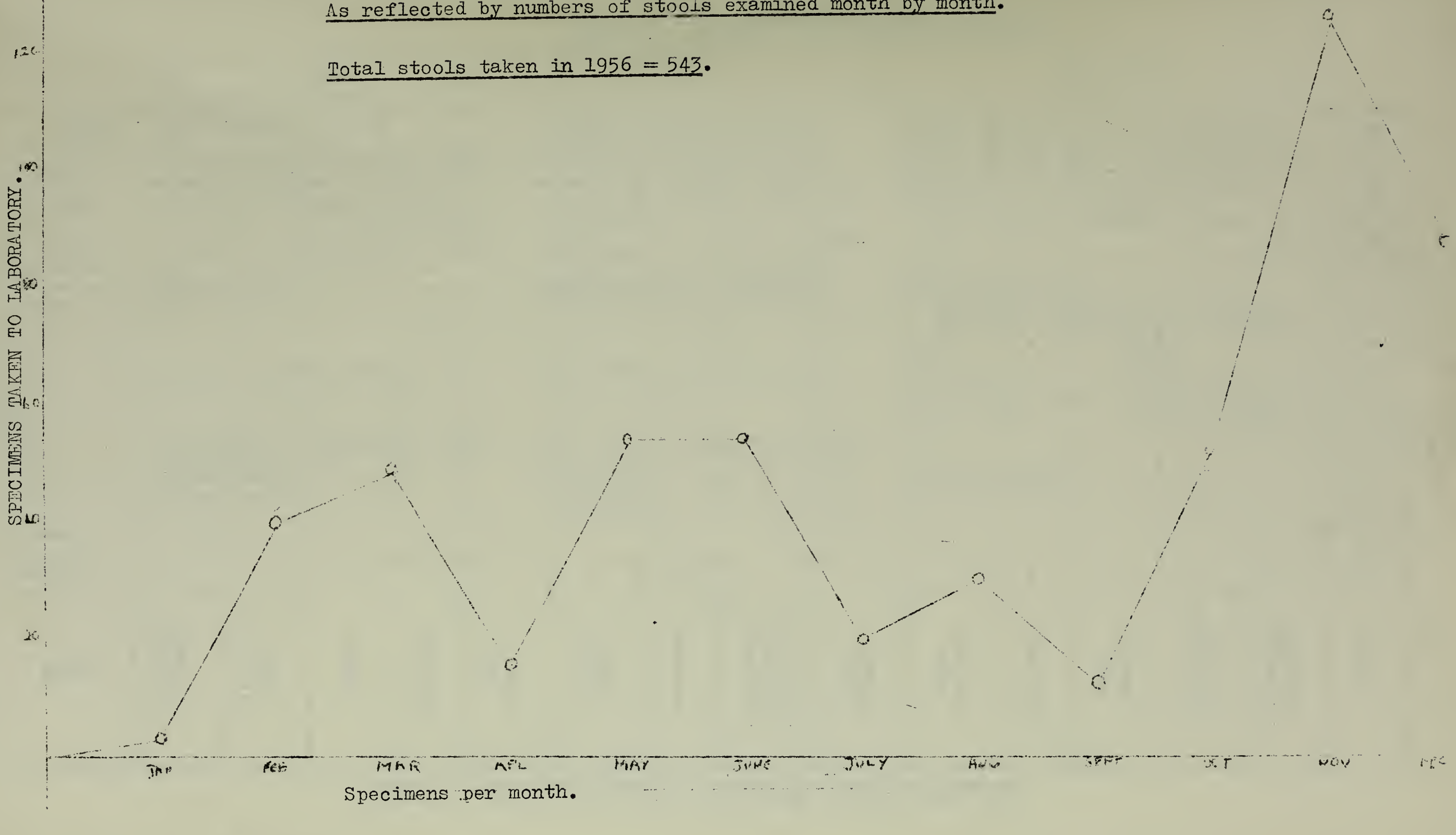
APPENDIX D (ii)

Number of outbreaks - Nil.

INCIDENCE OF DYSENTERY IN 1956

As reflected by numbers of stools examined month by month.

Total stools taken in 1956 = 543.



Specimens per month.

TABLE 2 - MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1956

Month	Puerperal Pyrexia	Whooping Cough	Measles	Erysipelas	Food Poisoning	Scarlet Fever	Pneumonia	Poliomyelitis (Acute) Non-Paralytic	Gastro Enteritis	Sonne Dysentery	Tuberculosis	Para Typhoid B.	Meningococcal Infection	Encephalitic Infection	Total
January	1	3	-	2	-	2	9	-	-	7	3	-	-	-	27
February	-	2	-	1	2	1	13	-	-	8	2	-	-	-	29
March	-	23	1	-	-	2	10	-	-	5	1	-	-	-	42
April	-	5	-	1	-	1	2	-	-	24	-	-	-	-	33
May	-	1	1	1	-	-	6	-	-	7	-	-	1	-	17
June	-	5	-	1	-	1	2	-	-	6	-	-	-	-	15
July	-	1	-	3	-	2	4	-	-	9	-	-	-	-	19
August	-	1	-	2	-	1	3	-	-	4	-	-	-	-	11
September	-	-	-	-	-	-	2	-	-	3	-	-	1	-	6
October	-	10	2	1	1	-	3	1	-	17	-	-	1	1	37
November	-	-	-	1	-	3	4	-	-	17	1	1	-	-	27
December	-	2	1	1	-	1	7	-	-	23	-	-	1	-	36
Total	1	53	5	14	3	14	65	1	-	130	7	1	4	1	299

TABLE 3 - CLINICS AND TREATMENT CENTRES

Name	Location	When Open
Child Welfare Clinic	Victoria Hall, Queensbury	Every Tuesday, 2 p.m. to 4 p.m.
" " "	Witchfield Chapel, Shelf	Every Monday, 2 p.m. to 4 p.m
Combined Ante-Natal and Post-Natal Clinics	Victoria Hall, Queensbury	2nd & 4th Fridays 2 p.m. to 4 p.m.
	Witchfield Chapel, Shelf	Mondays 1.30 p.m. to 2.00 p.m.
Artificial Sunlight Clinic	Brook House, Atlas Mill Road, Brighouse	This is also available at Shelf Clinic Monday 10 a.m.
Diphtheria Immunization Clinic	Carried out at Child Welfare Clinics	
Dental Clinic	Bonegate House, Brighouse	By appointment
Chest Clinic	Royal Infirmary, Halifax	Outpatient Department - Monday, Tuesday, Wednesday and Thursday 9.15 a.m. to 12 noon
		Men: Thursday 2.00-4.30 p.m. & 5.00-7.00
		Women: Tuesday 2.00-4.30 p.m. & 5.00-7.00 p.m.
Venereal Diseases Clinic	Royal Infirmary, Halifax	
Consultant Clinics, Ear, Nose and Throat, Ophthalmic and Orthopaedic	Brook House, Atlas Mill Road, Brighouse	By appointment
Orthoptic Clinic	Brook House, Atlas Mill Road, Brighouse	By appointment - bi-weekly

TABLE 4

ANNUAL REPORTS OF MEDICAL OFFICERS OF HEALTH - 1956

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1956.

Provisional figures based on Quarterly Returns.

	England and Wales	Queensbury and Shelf	West Riding Admin. County
	Rates per 1,000 Home Population		
Births -			
Live Births	15.7	15.9	16.5
Still Births	23.0(a)	Nil(a)	23.1(a)
Deaths -			
All Causes	11.7	12.4	11.8
Tuberculosis Respiratory	0.11	0.00	0.11
Tuberculosis - All Forms	0.12	0.11	0.13
Cancer of Lung & Bronchus)			
Cancer other)	2.08	1.91	1.89
Heart & Circulatory Diseases	NA	4.71	4.47
Respiratory Diseases	NA	1.35	1.29
Maternal Causes	0.56	0.00	0.52
Notifications (Corrected) -			
Typhoid Fever	0.00	0.00	0.00
Paratyphoid Fever	0.01	0.11	0.01
Meningococcal Infection	0.03	0.44	0.04
Scarlet Fever	0.74	1.50	0.92
Whooping Cough	2.07	5.70	2.64
Diphtheria	0.00	0.00	0.00
Erysipelas	0.10	1.50	0.11
Smallpox	-	0.00	-
Measles	3.59	0.50	2.03
Pneumonia	NA	7.22	NA
Acute Poliomyelitis (including polioencephalitis)			
Paralytic	0.04	0.00	0.02
Non-Paralytic	0.03	0.11	0.02
Food Poisoning	NA	0.33	NA
Deaths -			
All causes under 1 year of age	23.8(a)	27.0(a)	27.1(a)
All causes under 4 weeks of age	16.9	13.5	19.7

(a) per 1,000 total (live and still) births.
NA - Not available.

TABLE 5

HOUSING PROGRESS IN THE AREA SINCE 1919

Year	Houses built by private enterprise, including subsidy		Houses built by Local Authority to let or for sale	
	Queensbury	Shelf	Queensbury	Shelf
1919	-	-	-	-
1920	-	2	-	-
1921	-	2	12	-
1922	-	1	-	-
1923	-	4	-	-
1924	2	7	-	-
1925	2	9	-	2
1926	2	-	12	-
1927	3	-	24	-
1928	?	2	-	8
1929	-	-	-	-
1930	-	3	-	8
1931	-	-	-	-
1932	16	43	-	8
1933	45	47	-	4
1934	89	58	-	4
1935	45	19	-	6
1936	10	15	12	-
	Queensbury and Shelf		Queensbury and Shelf	
1937	21		6	
1938	33		-	
1939	9		24	
1940	-		20	
1941-45	-		-	
1946	6		-	
1947	19		20	
1948	3		25	
1949	2		20	
1950	3		24	
1951	-		8	
1952	8		28	
1953	12		102	
1954	10		32	
1955	16		8	
1956	25		-	

DIVISIONAL HEALTH SERVICES.

QUEENSBURY AND SHELF URBAN DISTRICT.

Where the figures for 1955 are available, they are given in brackets throughout this report after the figures for this year for comparison purposes.

Vaccination.

Vaccinations carried out during the year ended 31.12.1956.

Ages	Under 1 year.	1 year.	2 - 4 years.	5 - 14 years.	15 & over.	Total.
	55(37)	3(34)	2(5)	2(0)	3(4)	65(80)
Re-vaccinations			0(1)	1(0)	7(5)	8(6)

It will be seen that the total number of children vaccinated has fallen from 80 to 65. More children of under one year of age were vaccinated and this is the time of choice, but many fewer were vaccinated between one and two years. 55 children under one year of age received primary vaccination this year and the total live births were 148. It is our object to vaccinate as many children as possible at the age of four months, which is recognised as the optimum time for vaccination.

The revaccinations were mostly carried out on adults and children wishing to go overseas.

Diphtheria Immunisation.

Number of children who had completed a full course of immunisation at any time up to 31.12.1956.

Ages at 31.12.1956.	Under 1 year.	1.	2.	3.	4.	5 - 9.	10 - 14.	Total.
	2(7)	41(65)	65(68)	81(68)	57(92)	533(615)	640(467)	1419(1382)

The age in this table is at the 31st December 1956 and it will be appreciated that many of the children immunised early in 1956 but born in 1955 were actually under one at the time of immunisation. The usual age for immunisation against Diphtheria was eight months, and the immunisation takes a month to complete, so that it was only possible for the children born in the first three months of the year to be immunised during the year of birth.

Diphtheria Immunisations carried out during the year ended 31.12.1956.

Ages.	Under 1 yr.	1.	2.	3.	4.	5 - 9.	10 -14.	Total
First Immunisation.	29(28)	16(32)	1(6)	4(1)	-(1)	-(1)	-(3)	50(72)
Booster doses	0(0)	0(0)	0(0)	0(0)	0(1)	63(25)	3(11)	66(37)

It will be seen that only 50 children received Diphtheria Immunisation as compared with 72 last year. The chief falling-off was in the age groups 1-2 and 2-5, where only about half the number of children were immunised. Up to one year of age the children attend the child welfare centre very regularly, but after this age their attendance is less consistent. One of the reasons for the falling-off in Diphtheria Immunisation has been that Diphtheria Immunisation and Whooping Cough Immunisation are carried out separately and that the child receives a total of five injections. Whooping Cough Immunisation is always carried out first because this disease is particularly dangerous to the very young child and by the time the child has received three injections for Whooping Cough, the mother is less anxious to bring him for the further immunisation against Diphtheria, particularly as no cases of Diphtheria have occurred in recent years.

It is necessary to remind parents that one of the principal reasons why Diphtheria is now a rare disease is because of the large number of immunised children, and that it is important that this preventive measure should not be allowed to lapse.

It is hoped that shortly we shall be able to introduce combined immunisation for Whooping Cough and Diphtheria, and then we shall hope to have a better response.

It will be seen that, despite a falling-off this year in the number of primary immunisations, we were able to carry out more booster doses, and altogether 116 children could be considered to have maximum protection, as compared with 109 last year.

To have a true idea of the protection, I give below the figures of children immunised in two groups (A and B), the first group being children who have received either an initial or booster dose in the last five years, and the second group those who were immunised at a date preceding this.

It is our aim that all children immunised more than four years previously shall have booster doses to ensure as complete a protection as possible.

Age at 31.12.56 i.e born in year.	Under 1 1956.	1 - 4 1955-52	5 - 9 1951-47	10-14 1946-42.	Under 15 Total
A.1952-1956	2	244	348	221	815 (755)
B.1951-1942	-	-	185	419	604 (627)

Whooping Cough Immunisation.

Number of children who had completed a full course of immunisation at any time up to 31.12.56.

Ages at 31.12.56	Under 1 year.	1.	2.	3.	4.	5 - 9.	10 -14	Totals
	12(26)	66(64)	88(68)	67(8)	59(32)	93(16)	(31)	385(245)

Whooping Cough Immunisations carried out during year ended 31.12.56.

Ages	Under 1 year.	1.	2.	3.	4.	5 - 9.	10-14.	Total
	50(26)	8(38)	3(8)	1(3)	1(3)	1(3)	1(0)	65(81)

It will be seen that Whooping Cough immunisation under one year, while children are attending at the child welfare centre regularly, showed an increase, but that there was a great falling-off in the number of children immunised between one and two, and that, altogether, only 65 children were immunised for Whooping Cough, as opposed to 81 last year. This is very distressing, as Whooping Cough is particularly dangerous in very young children, and it is hoped that more mothers will take advantage of this important preventive measure. It will be seen, however, that more children were primarily immunised for Whooping Cough than for Diphtheria.

The figures for Diphtheria and Whooping Cough Immunisations carried out during the year are composite ones and include numbers carried out both at Child Welfare Centres and by General Medical Practitioners.

Home NursingService.

The Home Nurse made 3,230 (3,270) visits to 112(141) medical cases and 26(42) surgical cases.

It will be seen that there was slightly less demand for the Home Nurse this year that last year.

Ante-natal Clinics.

Two ante-natal clinics were held at Queensbury each calendar month. At Shelf, ante-natal patients were seen prior to the Infant Welfare Clinic each week. Of the 77 patients attending during the year 59 were new cases. Altogether 322 attendances were made.

There were 148 births during the year, so that approximately 52% of patients attended our ante-natal clinics, but all the others received ante-natal care from some source. Only 51 patients were delivered at home, the remaining 97 being delivered in hospital. It will be seen that a very high percentage of the patients delivered at home attended our ante-natal clinic, and that in addition, some of those delivered in hospital also attended our ante-natal clinics.

Previously, I have stressed that, when the house is a satisfactory place in which a woman can be delivered, and there are no medical reasons for hospital confinement, the home is the best place for a baby to be born, but that there has been a trend towards hospital confinement. In the last two years this trend has been reduced. In 1954, only 23% of all confinements occurred at home; last year 32% and this year 34%. Although 34% is much lower than we would like, we note with satisfaction that there is a reduction in the number of babies being born away from their normal home environment. This reduction may be partially attributable to improved housing conditions, and possibly as the slum clearance programme gets under way and the rehousing of people from unsatisfactory houses continues, we shall not find that two-thirds of the patients are having their babies in hospital.

Some of the patients attending our ante-natal clinics also attend their own Doctors' surgeries, so that both Doctor and Midwife are fully conversant with the conditions. I am glad to say that the relations between the hospitals, the Family Doctors, the Midwife and the Clinics have remained good. We are also grateful to the Halifax General Hospital for arranging for the services of a 'Flying Squad' for blood transfusions in cases of emergency when the baby is being delivered at home.

Post Natal Clinics.

Post-natal cases are seen at the ante-natal clinics.

There is a great reluctance among patients to attend post-natally. Once the baby is born, their concern is with the child and not with themselves, and it may be that it would be better to combine the post-natal clinic with the infant welfare clinic. Many patients, however, who do not attend at the clinics post-natally, return to the hospital where their confinement took place, or to their own doctor for a post-natal examination.

It is difficult for us to persuade the women to attend for preventive measures when only their own health is concerned.

Relaxation Clinics.

The Midwife has continued to hold special relaxation classes for expectant mothers. These classes are particularly valuable in first deliveries and we often have difficulty in persuading mothers who have had children before to attend because of the difficulty in arranging for the care of the children, and the remarks made about post-natal attendances apply here too. As most first babies are born in hospital, the numbers attending these classes are necessarily few, but we have had excellent reports from the hospital of the results. Twenty women attended and made 82 attendances.

Infant Welfare Clinics.

Infant Welfare Clinics and Minor Ailments Clinics were again held at the Queensbury Cricket Pavilion and Witchfield Methodist Chapel, Shelf.

On the 3rd December, the new clinic was formally opened by the Chairman of the Maternity and Child Welfare Sub-Committee of the County Council. The meeting was presided over by the Chairman of the Health Committee, Alderman Carter, and was attended by the Chairman of the Health Committee and other members of the Queensbury and Shelf Council, and by the County Councillor. The new clinic is situated in the old board room of the Victoria Hall, property owned by the Queensbury Council and kindly let to the County Council, who were responsible for the alterations. This new clinic, although situated in an old building, is bright and modern in appearance, and is an excellent example of the co-operation which exists between the Health Department of the Queensbury and Shelf Council and our Divisional Health Services. Dr. O'Sullivan, who originally suggested the possibility of the utilisation of part of the Victoria Hall for this purpose, was present to wish the clinic success in its new home. No longer do we need to advocate preventive health measures in an out-of-date and generally unsatisfactory building.

Of the number attending the clinic, given below, it is noteworthy that 136 children attended who were under one year of age at the time of attendance, and that the total live births was 148, so that there was practically a 100% attendance.

Infant Welfare Centre.	Number of children who attended during the year.	Number of children who first attended during the year and who on the date of their first attendance were under one year of age.	Total number of attendances made during the year. Under 1 year of age.	Over 1 year of age.
Queensbury	228(300)	88(85)	1119(1329)	558(391)
Shelf	114(116)	48(34)	560(457)	240(295)

Health Visitors.

The number of visits made by the Health Visitors in the Queensbury and Shelf area is given below:-

	First Visits.	Total Visits.
Expectant Mothers	4(6)	8(9)
Children under 1 year	151(140)	1211(1362)
Children between 1 year and 5 years	- -	1161(1150)
Other cases (old people, problem families, etc.)	- -	1346(1007)

Mental Health.

In recent years I have referred to the large amount of preventive mental health work carried out in doctors' surgeries, in the school clinics, in the infant welfare centres, and, indeed, by the teachers in the schools. It is the duty of the health visitors in their regular visits to the homes not only to advise the family to seek treatment for physical conditions but often to reassure the parents and to educate them on wise and healthy living. In addition, we have a mental health social worker, who, in collaboration with the family doctor, visits cases discharged from mental hospitals and also advises cases of early mental illness referred to her by the health visitors or by the general medical practitioners. It is often difficult to say when minor worries pass into established anxieties, and, similarly, the beginnings of mental illness are not easy to trace. As with all work of prevention, the case of early mental ill-health which does not go on to established illness might not have done so even if timely help had not been afforded, so that statistically we have no figures, and shall have no figures, to support our belief that in this field alone a great deal is being done, but the figures for admission to metal hospitals indicate the great scope that still exists. The maintenance of satisfactory mental health has become an increasingly recognised and increasingly important part of the work.

The section of our work dealing with mental health falls into three main categories: work with educationally subnormal children and adults who require supervision after leaving school; after-care of patients discharged from mental hospitals, and the prevention of mental illness.

Perhaps the most satisfactory means of prevention of mental illness is that of treating the child, for mental illness is so often laid down in childhood. During the year a number of children have been referred for child guidance treatment, and with beneficial results. We have also referred children to the hostels for maladjusted children, and have worked with the Probation Officer, the N.S.P.C.C. Inspector, and the Children's Officer, to prevent mental illhealth.

Adults have been referred to our Psychiatric Clinic, which was established on the 28th June 1955, on a Divisional basis with headquarters in Brighouse.

Our work among children does, we believe, prevent many cases of mental illhealth in adult life, just as the satisfactory relationship of Medical Officer and Health Visitor with a family may do a great deal towards helping adults in their early difficulties. At the Clinic we have, unfortunately, received a considerable proportion of patients with advanced mental illness. It was not originally intended that these cases would form any large proportion of the work of this Clinic, but it is inevitable that a certain number be of this character. There is no doubt that the patients have appreciated attending a building which is not primarily concerned with the treatment of disease.

There appears to be some improvement in the public attitude to mental illness. A person who is mentally ill for a short period, has not always been regarded as convalescent and an object of sympathy rather than pity, and as a person who is comparable with someone recovering from a physical illness. As more and more people are admitted as voluntary patients, the attitude of the public does seem to be improving and it is becoming generally acknowledged that a patient recovering from mental illness requires rather more sympathy and help that someone who has been physically ill before they are capable of full restoration to complete health.

I believe that psychiatric clinics established within the preventive health service can play their part in inculcating within the public mind this new orientation to mental illhealth.

During 1956, there were 80 new cases attending our Psychiatric Clinic, and altogether 744 attendances were made. As the Clinic became longer established, more and more time was necessary, and towards the end of the year clinic sessions were extending from 2.30 p.m. to 9 p.m., and sometimes 10 p.m. Many of our patients were workers, and the evening session had become necessary, if patients were to be encouraged to continue with their work while still attending. This presented many advantages for patients who had been mentally ill, for it is a good thing to encourage patients who have been mentally ill to continue in the routine attendance at work and not to interrupt this whenever possible, and for this reason clinics have now been arranged alternate weeks for afternoon and evening sessions. This meant a great deal more work for the Mental Health Social Worker, who has undertaken it cheerfully and courageously. She has felt great benefit from having behind her this Clinic and the firm backing and advice of Dr. Crotty.

No treatment has been carried out at the Clinic. All drugs have been ordered by the patient's own doctor, and when a patient has required E.C.T. or other treatment and is able to continue as an out-patient, this has been arranged at the Huddersfield Royal Infirmary. The X-ray examinations have been arranged through the Royal Halifax Infirmary.

The number of defectives under supervision in the Queensbury and Shelf Urban District at the 31st December 1956 is as follows:-

Statutory Supervision.

Males	under	16	years	of	age	...	3
Females	"	"	"	"	"	...	2
Males	over	"	"	"	"	...	3
Females	"	"	"	"	"	...	-

Voluntary Supervision. ... Nil.

Guardianship ... Nil.

Of the children under 16, two attended the Group Training Classes held at Waring Green Community Centre, Brighouse, and another child attended the Westwood Occupation Centre. A fourth is still at school, and the fifth one is deaf and partially blind, and it has not been possible for the mother to bring him to our Centre. One of the defectives over 16 years of age is in regular, gainful employment, and a second works for his father. The third defective, for whom it has been impossible to find suitable employment, is attending regularly at the workshops of the Westwood Hospital, which serve as an industrial centre.

The Group Training Class, which was established in 1952, is continuing to do excellent work, and will form the nucleus of the occupation centre, when it is opened early in 1957. The adaptation of the Holme House Day Nursery is well advanced, and we hope very soon to have established an occupation centre in the area. We shall then be able to bring in the child from Westwood, and other children, as transport will be provided.

The Duly Authorised Officer, Mr. Johnson, has given the following report on his work in the Queensbury and Shelf Urban District during 1956:-

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act 1890	...	7
Persons removed under Section 20, Lunacy Act 1890		2
Persons removed under Section 21, Lunacy Act 1890		2
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act 1930	... ...	3

Ambulance Service.

Particulars of cases transported by ambulance during the period 1st January to 31st December 1956 are attached hereto. It has been impossible to separate the figures for Queensbury and Shelf as the return is made on a Depot basis, but approximately the figures are one-sixth of those given in the table. The totals for last year are given in brackets at the end of the columns.

Home Help Service.

There were 25 cases in Queensbury and Shelf being provided with a Home Help at the beginning of 1956, and 57 new cases were attended during the year. At the end of the year 41 cases were still being attended.

Of the 82 cases attended during the year, 44 were provided for the care of old people, 13 were provided during the illness of the housewife, and 25 undertook domestic duties on behalf of maternity cases. In 18 of the maternity cases a Home Help was provided for fourteen days but in 2 others the Home Help had to be continued well into the post-natal period. Home Helps were provided in 3 cases for ante-natal care only. Two patients had post-natal care only, one being a continuation of a 1955 maternity case and one a case returning from hospital after the birth of the baby.

During 1956, there were 17 women working as Home Helps in Queensbury and Shelf, and altogether they worked 14596 hours. This is equivalent to 6.4 Home Helps working a 44 hour week. The Divisional establishment is 29 and working on a population basis, the number of Home Helps for Queensbury and Shelf is in the region of 4.6, so that it was necessary to employ more Home Helps than the establishment. Despite this, it was not always possible to provide the number of Home Help hours we could have used. The recruitment of women for this type of work is particularly difficult in this textile area, where women can easily find alternative employment. Although when a woman marries she cheerfully undertakes domestic work and considers it a rise of status, more money can be earned at other forms of employment and possibly for that reason domestic work is not considered by many to be of the same social importance as working in a shop or a mill.

It is often necessary for us to move Home Helps about from one home to another when urgent cases arise. This is avoided as much as possible as old people get used to one Home Help and welcome her coming. She in turn learns to understand their individual idiosyncrasies, and for smooth working Home Helps are left at the same cases as much as possible.

It will be noted that 44 Home Helps were provided for the care of old people, and altogether they spent almost 13,000 hours in this very helpful duty. The old people have come to rely on the Home Helps, and although this is an expensive service, the cost is small in comparison with that of a hospital bed or an old folk's home. The Home Help Service and the Old People's Clubs are doing a real service to the community. Many of these old people, who have contributed much to the real wealth of the country, are most reluctant to give up their homes, however poor, for an institution, however good. With smaller families, the old people have not daughters to give a ready, helping hand, and perhaps one of the features of the present progressive housing policy tends to separate the older people, occupying, often, the older houses, from their children. The higher standard of living demanded means that when the children are older many women take a job to supplement their husband's income, and are not able or willing to look after their mother's home, which may be separated from them by a considerable distance. It is our object, however, to try not to discourage voluntary help by neighbours and their own family in providing a Home Help service.

The shortage of hospital beds has been felt very much during the year, and some old people, who badly needed hospital accommodation, have had to wait for considerable periods. It is only because of the Home Help Service and the help of neighbours that we have been able to manage. We have no 'sitter-in' scheme, and I hope that it will never be considered necessary to establish one.

Convalescent Home Treatment.

We had two patients from the Queensbury and Shelf area who applied for admission to a Convalescent Home under the County Council scheme, and the admission of these patients was arranged.

In conclusion, I have pleasure in recording the cordial relations that existed between this department and the department of the Medical Officer of Health for the Queensbury and Shelf Urban District. We are also grateful to the voluntary helpers at the two infant welfare centres.

I should also like to record my thanks to the Chairman of the Health Committee and to Mrs. McCreath for their helpfulness and support which has always been of the greatest encouragement.

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE.
BRIGHOUSE DEPOT.
STATISTICAL RETURN FOR THE PERIOD JANUARY - DECEMBER, 1956.

	Jan.	Feb.	March.	April.	May.	June.	July.	Augt.	Sept.	Oct.	Nov.	Dec.	Total.	
1. Patients.														
(a) Admissions	181	183	183	171	159	176	141	152	143	144	170	170	1,973	(1,961)
(b) Discharge	73	74	68	46	62	51	62	46	40	56	57	71	706	(734)
(c) Transfers	19	14	17	11	13	22	22	10	11	18	13	13	183	(213)
(d) Out-Patients	1,180	1,117	1,280	963	1,175	1,064	956	938	906	983	1,008	881	12,451	(12,326)
(e) Accident Patients	38	29	39	30	57	53	39	55	41	60	59	64	564	(502)
Total No. of Patients	1,491	1,417	1,587	1,221	1,466	1,366	1,220	1,201	1,141	1,261	1,307	1,199	15,877	(15,736)
2. Analysis of Patients.														
Male	632	641	680	555	535	511	506	519	478	526	588	506	6,677	(6,418)
Female	859	776	907	666	931	855	714	682	663	735	719	693	9,200	(9,318)
Stretcher	293	369	349	287	240	238	217	187	187	255	233	248	3,103	(3,477)
Sitting Case	1,198	1,048	1,238	934	1,226	1,128	1,003	1,014	954	1,006	1,074	951	12,774	(12,259)
Child	87	64	90	66	90	99	81	56	66	83	83	58	923	(682)
Baby	5	11	11	9	13	13	3	2	9	7	5	6	94	(181)
3. Further Analysis of Total Patients in Part 1 above less (d) and (e).														
Urgents	94	93	81	82	88	61	76	75	80	76	92	95	1,013	(990)
Maternity	25	29	29	26	25	22	15	22	25	23	22	25	288	(353)
Infectious	14	9	7	5	3	2	7	1	1	-	1	5	55	(72)
Mental	5	5	2	3	2	4	5	6	4	1	1	3	41	(24)
General Patients	135	135	149	112	116	140	122	104	84	118	124	126	1,465	(1,469)
4. Journeys.	369	345	373	317	401	361	337	316	328	352	381	374	4,254	(4,120)
Miles	9,881	9,493	9,850	8,461	10,413	9,431	8,935	7,792	7,697	9,515	9,477	8,937	109,882	(108,711)

SANITARY CIRCUMSTANCES IN THE AREA

Water Supply

Samples of drinking water are taken at points throughout the district of Queensbury and Shelf, and are examined by the Public Health Laboratory Service, Bradford. All samples have been good since the reservoir was cleaned out in 1955.

The water is soft in character leaving no residue on boiling and is suitable for washing.

I am obliged to Mr. S. Drake, Waterworks Engineer, for the information given below.

Water is supplied in bulk from Bradford Corporation at six points as follows:-

Mountain, Queensbury
Albert Road, Queensbury
Stag's Head, Queensbury
Soaper Lane, Shelf
Cooper Lane, Shelf
Halifax Road, Buttershaw, Bradford

The Mountain supply is pumped into the Mountain reservoir and the other five supplies feed direct into the mains. The reservoir capacity is one million gallons. Treatment of the water, filtration and sterilization has taken place prior to the water being received from any of these points. The supply in the area, in all parts, except the section supplied from the reservoir as explained above, has been satisfactory in both quality and quantity. Samples taken for bacteriological examination have been constantly satisfactory.

In the whole of the district there are now only 31 properties without a piped supply of Council water and of these 31, 10 have satisfactory piped supplies from private sources. In all cases supplies are direct to houses, there being no stand pipes in the district for domestic supplies.

The main extensions have proceeded at the housing estates at Brow Lane, Cockhill, New Park Road and Greenland Avenue. The consumption figures for 1956 are given below:-

Queensbury	57,670,000	gallons	(Total Consumption)
Shelf	33,144,000	"	" "
Combined	90,814,000	"	" "
Queensbury	8,620,000	"	(Trade Use)
Shelf	6,366,000	"	" "
Combined	14,986,000	"	" "

Mortuary Facilities

We provide for -

(1) Collection of dead bodies which are subject to Coroner's enquiries.

(2) The mortuary care, washing and shrouding of these bodies after Coroner's post-mortem examinations.

(3) The provision of a shell for the retention of the body prior to subsequent burial.

We would add that the mortuary is now equipped with adequate toilet, lighting and heating facilities, and has met with the approval of the visiting pathologist carrying out Coroner's post-mortems.

We are in no small way indebted to Mr. Hall, your Surveyor, for his great help in carrying out these improvements.

COUNCIL HOUSING

I am indebted to Mr. G. A. Muse, the Housing Manager for the following information:-

There has been little change in the general housing situation during the past year. The 18 three-bedroomed houses at Cockhill, Shelf, will be ready for occupation early in 1957, and this will complete the Council's building programme of ordinary family houses. The erection of 30 bungalows at New Park Road, Queensbury, is planned to commence in 1957 and further mixed family houses are to be erected at Hungerhill to re-house tenants from the Slum Clearance Area of "Navvy Houses."

There are still 148 applicants on the Council's Waiting List for houses and flats, but the greatest need at Queensbury would appear to be for one- or two-bedroomed bungalows. There are now 135 applicants for bungalows at Queensbury and Shelf.

The rents of existing Council houses have not been raised during the year but owing to increased costs and higher interest charges it is anticipated that the inclusive rents of the 18 new three-bedroomed houses at Cockhill, Shelf, will be approximately 39s. 0d. per week.

The state of completion of post-war houses at 31st December, 1956, is given in detail below.

		Houses	Flats	Bungalows
Queensbury	Moorclose Site	23		
	Hungerhill	50	68	
	Albert Crescent			16
	Russell Avenue	1		
Shelf	Burned Road	34		
	Westercroft Avenue	8		
	Cockhill	18	24	20
		134	92	36

		Houses	Flats	Bungalows
Dwellings under construction or planned -				
Queensbury	Hungerhill	30	None	-
	New Park Road	-	-	30
Shelf	Cockhill	18	-	-

T A B L E 6

The number of dwellings now owned by the Council is 370. This is made up of 204 houses, 92 flats and 74 bungalows, as shown in the table below:-

Situation	No. of Houses	Net Weekly Rent	Gross Rental (50 weeks' collection)
OLD PEOPLE'S BUNGALOWS		s. d.	s. d.
Albion Street	8	4 2	8 6
The Grove	10	4 2	8 6
Burnside	20	4 2	8 6
Albert Crescent	16	10 10	15 6
Belle Vue Crescent	20	11 8	16 4
HOUSES			
Russell Hall Lane (Non Parlour Type)	6	11 4 to 11 11	19 1 to 19 6
Russell Avenue (Parlour Type)	6	13 10	21 8
Russell Avenue (Non Parlour Type)	6	9 11 to 11 11	18 0 to 18 7
Russell Road (Parlour Type)	12	11 5	23 2
Russell Road (Non Parlour Type)	2	11 11	19 4
Westfield Terrace (Parlour Type)	2	13 9	22 9
Westfield Terrace (Non Parlour Type)	12	9 11	17 9
Moor Close Lane (Parlour Type)	3	13 4	22 4
Moor Close Lane (Parlour Type)	1	14 3	23 9
Moor Close Avenue (Parlour Type)	5	14 3	23 9
Moor Close Avenue (Parlour Type)	1	12 9	21 9
Moor Close Avenue (Parlour Type)	13	13 4	22 4
Burnley Hill Terrace (Parlour Type)	4	12 5	22 1
Burnley Hill Terrace (Non Parlour Type)	20	9 11 to 11 4	18 0 to 19 3
Belle Vue Road (Two bedrooms)	12	19 0	26 4
Belle Vue Road (Three bedrooms)	6	23 0	32 0
Westcroft Avenue (Dining Recess Type)	8	14 4	24 8
Burned Road (Parlour Type)	4	14 6	24 10
Burned Road (Dining Recess Type)	2	12 9	23 0
Burnside Avenue (Parlour Type)	10	14 4 to 14 6	24 8 to 24 10
Burnside Avenue (Dining Recess Type)	18	12 9	23 0
Ridgeway (Dining Recess Type)	10	19 0	29 6
Hillcrest Road (Dining Recess Type)	22	19 0	29 6
Hillcrest Road (Two bedrooms)	12	19 0	26 4
Hillcrest Road (Three bedrooms)	6	23 0	32 0
FLATS			
Hillcrest Road	40	19 0	26 4
Hillcrest Avenue	28	19 0	26 4
Belle Vue Road	16	19 0	26 4
Belle Vue Crescent	8	19 0	26 4

REPORT OF THE SANITARY INSPECTOR.

To the Chairman and Members of the Council.

Mr. Chairman, Lady and Gentlemen,

Once more it is time to prepare the Annual Report. This is my last Report as your Sanitary Inspector, henceforth we are to be known as Public Health Inspectors.

The business of 1955, with its need to determine our slum clearance proposals, made it seem a very full year, and I looked forward then to getting down to routine again in 1956, with the new Food Hygiene Regulations looming up as an additional extra job which would have to be coped with. However, in January 1956, we started off with Sonne dysentery and this persisted throughout the year, in spite of continued efforts to stamp it out. The time spent on this meant that even less attention could be paid to routine matters than in 1955. We were further from our routine instead of getting back to it. Efforts were made to do the necessary inspections of food shops under the new Regulations but only 32 premises were so inspected by the end of the year. As to what were the effects in other directions - only 5 milk samples were taken, only 1 rag flock sample obtained, no ice cream samples and only 16 visits were paid to factories after neglect in 1955 when only 12 visits were paid.

Much time too was spent in connection with a case of paratyphoid, an interesting account of which appears in the Medical Officer of Health's Report.

Particularly in connection with the paratyphoid, it is some consolation to think that the work done quite possibly will prevent much greater trouble for us. Whatever jobs are not done, if the jobs we have tackled mean an overall saving of time, expense and ill health to the community, then we are working on the right lines. I do not seek to establish that we are understaffed but rather to say boldly how busy we have been, that we have had to neglect certain branches of the work, but that we believe it right to have used the available efforts in the directions we have done.

The Clean Air Act came into the statute book in 1956. It is always interesting to watch the trends of public interest in various matters and to see how they finally crystallize out in terms of new Acts of Parliament. In this case, I think there has been a certain inevitability about the progress of this matter. Ever since the Beaver Report was published, it has seemed to me to be a matter which had sufficient impetus of its own to avoid being held up and pigeon holed.

I think that we must get ready to get on with this job, and attune our ears to local public opinion, and even stimulate it so that we can give that same momentum to the achieving of clean air in our own district. There may be many side issues to resolve, but I am convinced that 'clean air' will come to pass as certainly as Spring follows Winter.

When our own efforts do not seem to meet with success, it is comforting to think that some things are inevitable, that evolution is in progress. We, as Public Health Inspectors, must believe in evolution, or the words environmental hygiene are meaningless.

So much for the introduction to the section of the Annual Report which I write. I sincerely thank the Chairman of the Health Committee, the Vice Chairman, and members for their continued support and interest, and my brother officials for their help at all times. The wealth of experience of the Chairman of the Committee and the enthusiasm of your Medical Officer of Health makes my job a pleasure.

I am, Mr. Chairman, Mrs. Mosey and Gentlemen,

Your obedient Servant,

Sanitary Inspector.

Sanitary Inspection of the District.

436 separate premises were visited or inspected during the year. Many of these were the subject of repeated visits as, for example, the four slaughterhouses, to which over 200 visits were paid, but which still only count as four for the purposes of this paragraph. If we count all our premises, dwellinghouses and non dwelling premises, we arrive at a total of about 3,800. On this basis rather more than 1 in 9 of all premises in this district had a visit from me in the year. I feel that this should be more in the region of 1 in 5 so that, broadly speaking, we could claim that the whole district was covered once in every five years. It is, admittedly, a loose way of figuring yet it serves as a guide.

When routines of inspection are broken up, one can only fall back on the principle of doing the greatest good for the greatest number. But it is often difficult to decide this. If the dustbin waggon breaks down, obviously that must be attended to or else the whole community is affected; a single blocked drain must wait until the bigger job is dealt with. Yet, potentially, the routine inspection of a food premise may be of greater importance than attending to a single blocked drain, more people may be affected; but I am afraid my conscience turns to the blocked drain first. After all, a routine inspection is of no use if it is hurried - it depends upon the observance and noticing of little points which cannot be done in a rush. So that, in a district like this, with only one Public Health Inspector, it is a continual fight to preserve a balance between the time given to jobs which demand attention, which force themselves upon your attention, and those jobs which one's training tells you ought to be done, but do not force themselves upon you. The temptation to use expediency in making decisions is great at all times and, under continuous pressure of work, as is so often the case, these days, can be compelling.

He is a fortunate Inspector who can feel satisfied that every man has had his due. Happiness and purpose are the keys to efficiency. What happens when an Inspector is frustrated from following his purpose - of seeing that, as far as he is responsible, every man indeed gets his due.

There are still those who think that the Health Department is concerned only with the administration of the Public Health Acts, the Housing Acts, and the Food and Drugs Acts, with possibly the National Health Service Act and National Assistance Acts in the case of larger districts. In fact, the Health Committee is concerned with the operation of over forty Acts of Parliament and the innumerable Statutory Instruments and Regulations connected with them. I give a list below:-

Shops Act 1950
Prevention of Damage by Pests Act 1949
Factories Acts 1948 & 1937
Water Acts 1948 & 1945
National Assistance Act 1948 (Sections 37 & 47)
Education Act 1946, 1944 (Sanitation in Schools)
Rural Water Supplies, Sewerage Acts 1944.
Food & Drugs Act 1938
Public Health (Drainage & Trade Premises) Act 1937
Public Health Act 1936, 1925, 1907, 1890.
Rural Water Supplies Act 1934, 1955.

Local Government Act 1933.
Rag Flock Act 1911, 1928, 1951.
Alkali etc. Works Regulations Act 1906.
Barbed Wire Act 1893
River Pollution Prevention Act 1951, 1893 & 1876
Interpretation Act 1889.
Quarry (Fencing) Act 1887.
Steam Whistles Act 1872.
Metalliferous Mines Regulations Act 1872
Towns Improvement Clauses Act 1847.
Pet Animals Act 1951.
Housing Acts 1936, 1949 - 1957.
Town & Country Planning Act 1947.
Disease of Animals Act 1935.
Milk Act 1930.
Slaughter of Animals Act 1933 & 1954.
Hydrogen Cyanide (Fumigation) Act 1937.
Canal Boats Act 1877.
Food and Drugs Act 1955.
Local Government (Miscellaneous Provisions) Act 1953.
West Riding County Council (General Purposes) Act 1951.
Slaughterhouses Act 1954.
Slaughter of Animals (Pigs) Act 1953.
Housing Repairs & Rents Act 1954.
Agriculture (Safety, Health & Welfare Provisions) Act 1956.
Clean Air Act 1956.
Slum Clearance (Compensation) Act 1956.
Sanitary Inspectors (Change of Designation) Act 1956.
Rents Act 1957.

Granted that in this area we have no canal boats, and no coal mines, and that some of the Acts have little active interest, but on the other hand, consider the work that stems from the Housing Acts - Slum Clearance and Improvement Grants; or from the Clean Air Act; or again the Food & Drugs Act under one section of which appears the Clean Food Regulations. Public Health Departments certainly have to be versatile.

It is well to remember that, while the Health Department may not be the largest department, it is the one which most truly carries on the original purpose for which Local Authorities were formed - the safeguarding of the public health.

-oOo-

General Sanitation.
Investigation of Complaints.

These numbered 239, a 10% drop on last year, and covered the usual run of things concerning the health department, blocked drains, water in cellars, various smells, insects, smokey chimneys etc.

Complaints outstanding end of	1955	15
Complaints received in	1956	239
		254
Complaints dealt with in	1956	246
Complaints outstanding end of	1956	8.

Nuisances.

Practically the same number of nuisances were found this year, 221, on last year, 224. They comprised the following circumstances:-

Choked drains	75
Defective drains	27
Defective gutters	21
Rat infested premises	15
Accumulations of refuse	13
Damp walls and defective roofs	13
Burst water pipes	10
Choked W.C's	6
Defective eaves gutters and fallpipes	5
Defective soil pipes and W.C's	6
Verminous premises	4
Insanitary sinks	3
Dirty W.C's	3
Defective cooking range	2
Miscellaneous	18

-oOo-

CLOSET ACCOMMODATION.

The increase of the number of modern sanitary conveniences continues, as the table shows:-

Number of privies reconstructed in 1956	as W.C's	1
	as pails	Nil
Number of additional W.C's provided in 1956		
" " "	for old property	50
	for new property	25
Number of waste water closets converted to W.C's		4

The position at 31st December 1956 was:-

Number of privies with	open midden	Nil
" "	covered middens	30
"	pail closets	106
"	trough closets	Nil
"	waste water closets	119
"	pedestal water closets	3576
		3831

The closet conversion scheme offering a grant of £7:10:- per privy or waste water closet converted was continued during the year.

Closet accommodation nowadays is more and more an amenity installed in a house, rather than outside. This is a good thing. Outside W.C's to my mind, are not as great an amenity as they are supposed to be. When one reads of a privy converted to a W.C. it is hailed as an achievement. But how often is that one W.C. made to do for two houses, how much of the Winter is it without water for flushing and consequently fouled, what use is it to people after bedtime, or people ill enough to be confined to the house! How much faecal matter and water is kept in containers in houses, within a yard of folks noses, for 8 hours at a stretch because they have (not have not) a water closet, but it is outside.

How many Doctors get needless complaints of "sludge in my water, Doctor" because gravity has had ample time to do its job. No - to be really worth anything as an amenity the W.C. should be inside the house.

During the year 33 fixed baths were installed.

DRAINAGE.

One new septic tank and filter installation was installed during the year. This means that of 3381 dwellings in the area 3199 are connected to a main sewer, 70 drained to approved septic tank installations, and only 112 have not drainage facilities to allow for the installation of baths, W.C's etc.

During the year 63 drains were reconstructed either because of the installation of extra closet or bath accommodation, or because of defects found. 71 drains were tested for defects. A total of 243 visits were made by myself or our workmen to deal with blocked drains, gullies and investigations under section 48, of the Public Health Act 1936, (as amended by the West Riding (General Powers) Act 1951.)

Single stack plumbing is coming into wider use gradually. I find that a piece of toilet paper wetted and placed over waste and overflow outlets of bath and lavatory basin while the W.C. is flushed gives a good indication of whether the set up is likely to be satisfactory or not.

Much has been heard of pitch fibre drain pipes but no one in this district has yet tried them, and before allowing them to be used I would want to be reassured by the Minister that they complied with the byelaw requirement that such pipe ..."should be constructed of suitable material and be of adequate strength". I am quite prepared to believe that they are, and like to "have a go" with new materials, but I would not like to take it on myself to decide whether such pipes are of byelaw standards.

HOUSING.

I wrote at some length in last year's Report on this subject, as it was much in mind with us having prepared the slum clearance programme in that year. I have nothing new to add to these comments, as much less time has been spent on that subject this year.

Housing Act 1936.

The table of Housing Statistics gives the salient figures for the year, one house was represented under Section 11, three under Section 12 of the Act and one under Section 10, of the Local Government (Miscellaneous Provisions) Act 1933.

This latter house was to have been the subject of an experiment by this Council. I suggested that the Council might buy it and modernise it with Improvement Grant aid, as a pilot scheme to show the Council what activities were possible in this direction. It was felt that here was a line of action where the Council might have been able to be actively engaged in housing in spite of the decision not to build any more new houses for general purposes, on the withdrawal of the subsidy on such houses. The figures for purchase, repair and improvement seemed attractive and an informal approach was made to the Minister to vet the scheme.

One of the Minister's Architects came and saw the property and thought the scheme worth going further into. However, while this was being done the tenant was rehoused by the Council, and the owner came in to see if she could sell the house. To my disappointment there was no reason why she should not, and the scheme had to be abandoned.

Certificates of Disrepair.

One application for a certificate of disrepair was made during the year. Since the Act of 1954 was passed all that has happened is summarised as:-

	1954	1955	1956
Applications for certificates made	4	11	1
" " refused	-	-	-
Certificates granted	4	11	1
" revoked	-	3	-

In view of the publicity the Housing Rents and Repairs Act 1954 had, I can only assume that folk just don't bother, or else they feel that their rents are so low that they can't expect more than they get in the way of house repairs.

Slum Clearance.

There is little to say under this heading this year at 31st December 1956. Fifteen months after the start of our first five year programme we have dealt with 10 of the 84 houses to be dealt with in the first five years, and three from the second five year plan. These figures are misleading as to our progress, as in the month following the end of the year, January 1957, a clearance area was declared for forty of the houses in the first five year programme, which puts a different light on our progress with the slum clearance programme entirely.

Housing Improvement Grants.

In preparing the estimates for 1956/57 the sum represented by a penny rate was budgeted for the purpose of giving improvement grants. This actually represented a capital sum of £10,400. It was fully expected that this sum would be needed if the scheme was to operate unrestricted. Over £8,000 had been exhausted the previous year, and it was felt that the demand would increase like a snowball. In fact, in spite of no restrictions other than those of the scheme itself, the opposite has happened. Only 25 applications, to a total cost of £4,640 have been approved during the year compared with 62 last year. There just has not been the same demand.

HOUSING STATISTICS.
YEAR 1956.

County District - Queensbury and Shelf Urban District.
Number of dwelling houses in the District - 3381.
Number of back-to-back houses included in above - 459.

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 249

(b) Number of inspections made for the purpose 269

(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations 45

(b) Number of inspections made for the purpose 48

(3) Number of dwelling houses needing further action:-

(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation 3

(b) Number (excluding those in sub-head (3)(a) above) found not to be in all respects reasonably fit for human habitation 49

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

(a) Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 54

(b) Number of defective dwelling houses (excluding those shown in (a) above) in which defects were remedied as a result of informal action 27

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A. Proceedings under Sections 9,10 and 16, Housing Act 1936:-

(1) Number of dwelling houses in respect of which formal notices were served requiring repairs 3

(2) Number of dwelling houses which were rendered fit after service of formal notices:-

(a) By owners 2

(b) By Local Authority in default of owners NIL

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 4

(2) Number of dwelling houses in which defects were remedied after service of formal notices:-

(a) By owners 9

(b) By Local Authority in default of owners 1

C. Proceedings under Sections 11 and 13 of the Housing Act 1936.

(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation 1

(2) Number of dwelling houses in respect of which Demolition Orders were made NIL

(3) Number of dwelling houses demolished in pursuance of Demolition Orders NIL

(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act 1953? If so, what? - 1 closing order made.

D. Proceedings under Section 12 of the Housing Act 1936.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	3
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	NIL

E. Proceedings under Part III of the Housing Act 1936, and the Housing Repairs and Rents Act 1954.

(1) Number of Clearance Areas represented during the year	NIL
(2) Number of houses included in these areas	NIL
(3) Number of persons to be displaced	NIL
(4) Action taken during the year in respect of Clearance Areas:-	
(a) by Clearance Orders, number made	NIL
(b) by Compulsory Purchase Orders, number made	NIL
(5) Number of houses in Clearance Areas demolished during the year	NIL
(6) Number of persons re-housed from houses demolished during the year	NIL

4. HOUSING ACT, 1936 - PART IV - OVERCROWDING

(a) (1) Number of dwellings overcrowded at the end of the year	4
(2) Number of families dwelling therein	4
(3) Number of persons dwelling therein	26
(b) Number of new cases of overcrowding at the end of the year	1
(c) (1) Number of cases of overcrowding relieved during the year	8
(2) Number of persons concerned in such cases	41

5. NEW HOUSES.

Number of new houses provided during the year:-

By the Local Authority:-	Permanent type	NIL
	Temporary type	NIL
By Private Enterprise		25

6. HOUSING ACT 1949

Section 4 - Any action in connection with advances for purpose of increasing housing accommodation?- Advances for purchase of houses now made under this section instead of under S.D.A.A. as formerly.

7. HOUSING ACT, 1949, AS AMENDED BY HOUSING REPAIRS AND RENTS ACT, 1954.

Grants to persons other than local authorities for improvement of housing accommodation. Any action during the year? - 25 applications for Housing Improvement Grant approved in the year to total of £4,640.

INSPECTION AND SUPERVISION OF FOOD.

Meat Inspection.

The four licensed slaughterhouses continued in operation throughout the year, although at one, killing was sporadic rather than regular. As killing takes place on Sunday at three of the four, regular Sunday visits were necessary to ensure inspection. 100% of animals killed are inspected as arrangements are in force for an Inspector from the City of Bradford to visit the slaughterhouses when I am on holiday or at Conferences.

Animals Killed.

The numbers killed and the percentage affected with disease are shown in the table. The weight of meat condemned was:-

Carcase meat	853 lbs.
Offal	2262 lbs.
	3115 or approx $1^{2}/_{5}$ tons.

Visits to slaughterhouses to inspect this meat number 203. Rather more beef has been killed this year, no doubt owing to it coming cheaper in the latter part of the year.

The method of disposal of carcase meat is by sale to approved merchants in the neighbouring districts, with the safeguard of their receipt for the material and a certificate that it is known to be condemned as unfit for human consumption. By "approved" merchant is meant a firm who we know to deal with the material in a proper fashion.

The majority of small offals are disposed of onto the boiler fires at the slaughterhouses, although where there is any doubt we collect this material and take it to a boiler at one of the mills where it can be efficiently disposed of.

During the year the Council agreed to the Sanitary Inspector acting as Certifying Officer at one of the slaughterhouses in the area for the dead weight certification of pigs under the Ministry of Agriculture's guaranteed prices scheme.

Carcases and Offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	399	128	15	449	423	Nil
Number inspected	399	128	15	449	423	Nil
All diseases except Tuberculosis & Cysticerci						
Whole carcases condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	12	7	-	1	14	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	3.01%	5.47%	-	0.24%	3.30%	-
Tuberculosis only:						
Whole carcases condemned	1	-	-	-	1	-
Carcases of which some part or organ was condemned	33	46	-	-	2	-
Percentage of the number inspected affected with tuberculosis	8.52%	35.9%	-	-	0.70%	-
Cysticercosis						
Carcases of which some part or organ was condemned	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

Slaughter of Animals Acts 1933 to 1954.

Fourteen licences to slaughter animals were received during the year. No instance of a breach of the Acts was observed during the year.

Inspection of other Foods.

The following unsound food was condemned and surrendered from the shops:-

71 lbs 15 ozs.	Cooked Tinned Ham and Gammon
6 lb.	Corned Beef.
21 tins	Stewed Steak
19 tins	Peas
2 tins	Beans
1 tin	Cherries in Syrup
3 tins	Mushroom soup
3 tins	Baked beans
1 tin	Spaghetti and cheese.

Such food as this is disposed of at the Council's tip where it is buried.

Milk (Special Designation) (Raw Milk) Regulations 1949-1954.

Number of licences in force for sale of Tuberculin Tested Milk:-

Dealers.	Supplementary.
17	7.

Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations 1949 - 1953.

Number of licences in force for sale of :-

	Dealers	Supplementary
Pasteurized Milk	17	2
Sterilized Milk	23	2

There were four dairies on the register at 31st December 1956 and 20 distributors of milk, neither of these terms meaning what they appear to mean, and conveying I know not what to I know not who.

REFUSE COLLECTION AND DISPOSAL.

1956 has been a good year for this service. With the arrival of the new Karrier waggon on 1st February 1956, breakdowns were nil and the only overtime worked was in the weeks following Bank Holidays and during the summer holiday period.

From the Public Cleansing Costing Returns published by the Ministry of Housing and Local Government for 1955 - 1956, we see that the average cost in urban districts for refuse collection and disposal is £526 per 1000 population. On that basis our figure would be in the region of £4,700. The actual cost for 1956/57 was in the region of £4,700 so that allowing for the difference in wage rates between the year quoted in the returns 1955/56 and our year 1956/57, it can be seen that we are well below average with our costs. There is no disguising the yearly increase which takes place in these costs, the only satisfaction being in that we do, I claim, maintain a first class regular collection service which could hardly be bettered. We could have more frequent collections, we could have a more dustless loading vehicle, but not at our level of costs. We cannot remove garden refuse in cwts, or bins full of plaster from itinerant fireplace fixers, unless costs are allowed to creep up.

Salvage production was increased but the increase in sales value was only slight due to a fall per ton in the price of paper and tins during the year. The sale figures are given below and the two graphs show the progress made in salvage production since I came to this district. Some of the increase in recent years is due to the increased availability of paper, but I do claim some credit for the increase.

Salvage Sales for year ended 31st December 1956.

	TONS	CWT.	QTRS.	LBS.	£.	s.	d.
Mixed paper	92	1	-	-	701	8	11½
News & pams	43	19	3	-	379	7	-
Container waste	20	9	3	-	175	11	4½
Tins	60	8	-	-	253	5	7
Scrap iron	5	18	2	-	36	3	6
Aluminium		4	-	25	18	10	2
Brass			-	-	-	-	-
Copper			1	25	3	10	9
Lead			-	-	-	-	-
Rags	1	19	2	1	33	10	1
Bagging		6	2	24	3	12	9
String		7	-	18	2	13	6
Carpets		14	-	8	2	16	4
TOTAL	226	9	-	17	£ 1610	10	-

The account for the financial year 1955/56 with a gross income of £1637 showed a net profit of £571.

Early this year a secondhand Fordson Major Tractor and trailer cart were purchased for £200, and by joint agreement with the Engineer's department a bulldozer blade was later fitted. This appliance has been of immense value to me in controlling the tip. It is true to say that the tip has never before been so satisfactorily covered, and I have been quite pleased with its appearance. What the cost would have been, to dig up and spread covering material in the way the tractor has done, if it had had to be done manually, I cannot imagine.

The 2 cubic yard Fordson collection vehicle which had served us since 16th April 1951 was replaced on 8th August 1956. The new Karrier Bantam which, as previously stated, came into use on 1st February 1956 replaced the larger Karrier vehicle which had been in use since 9th February 1948.

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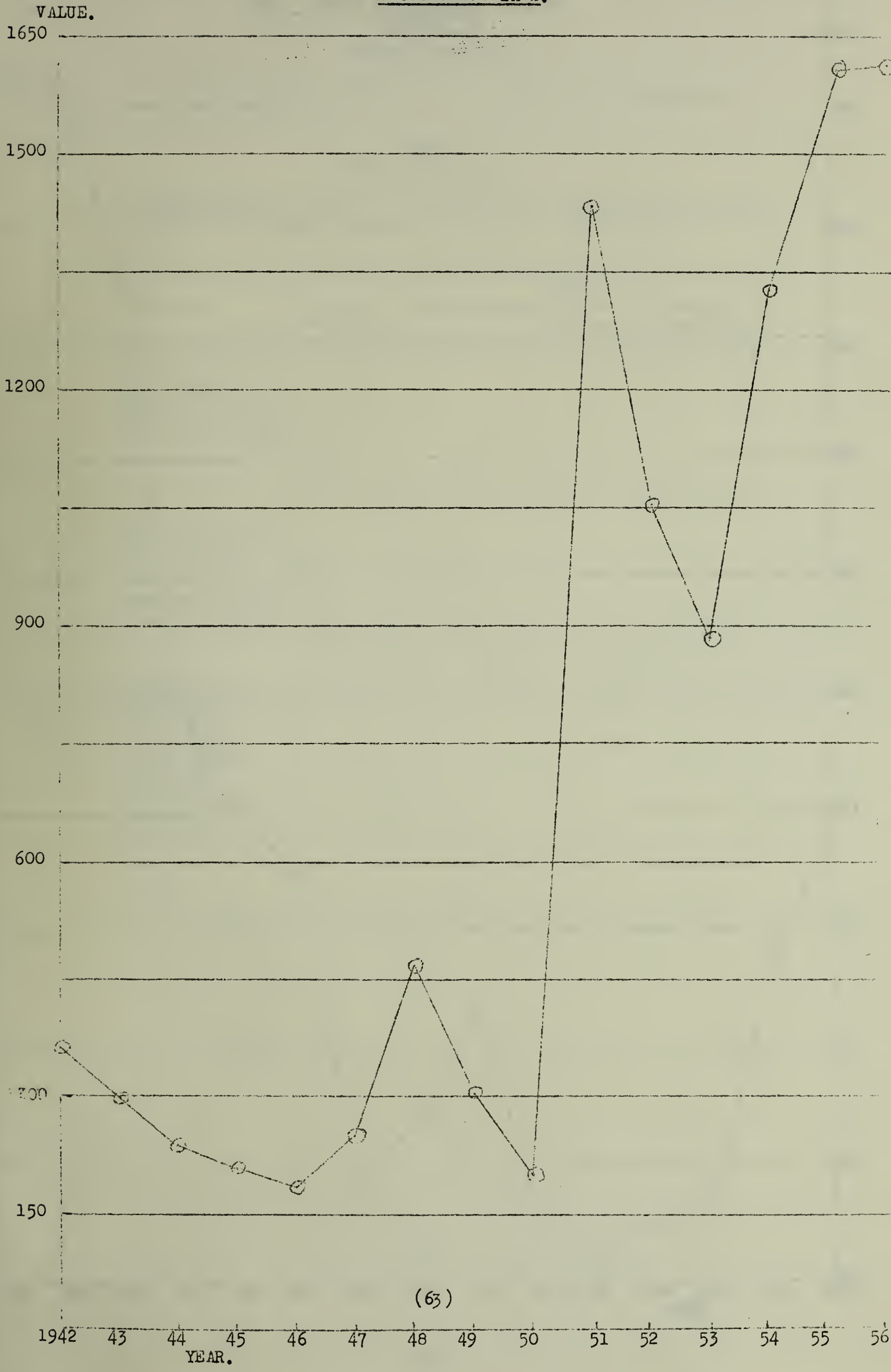
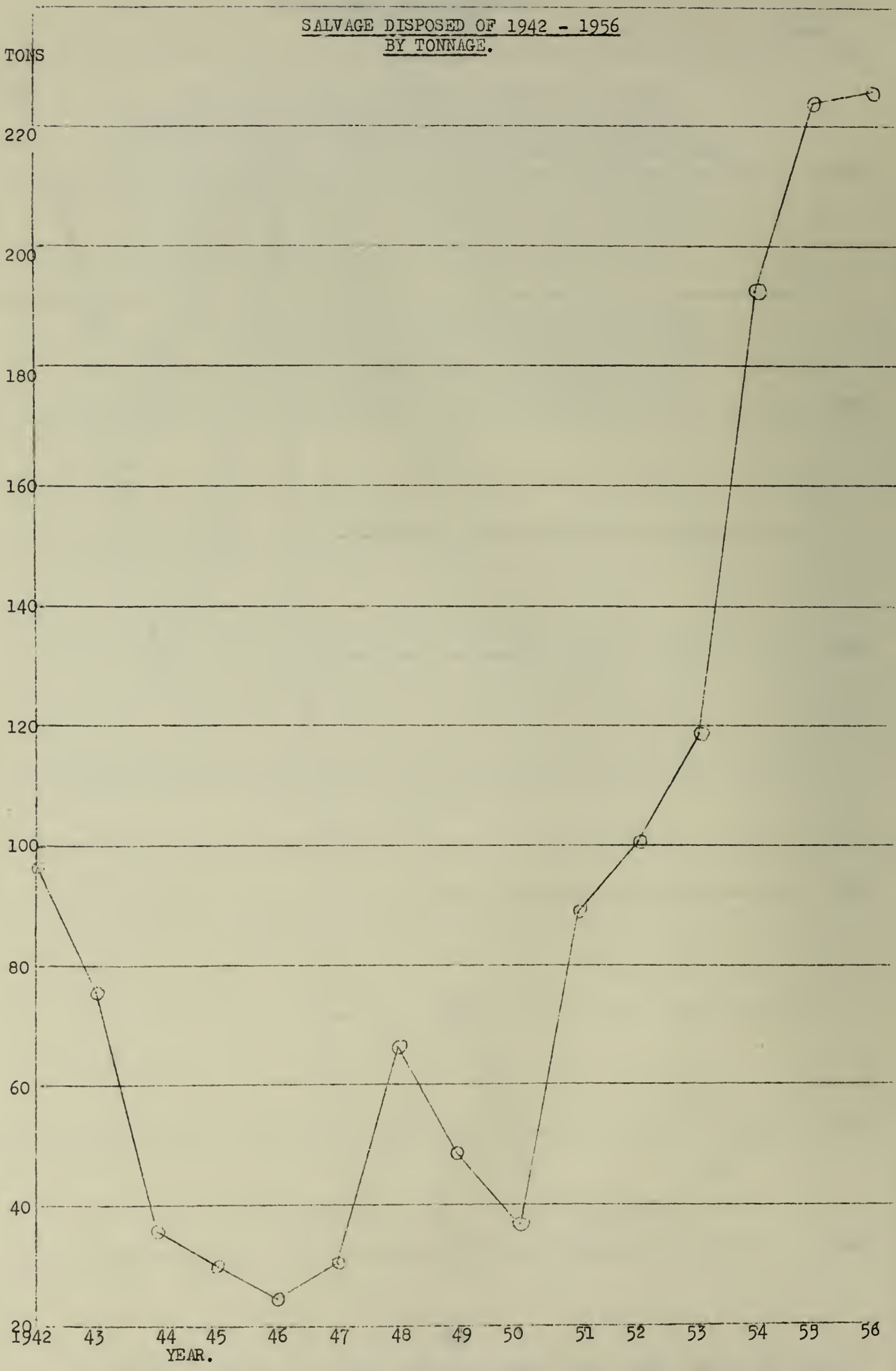
SALVAGE SALES 1942 - 1956.
GROSS VALUE in £.



SALVAGE DISPOSED OF 1942 - 1956
BY TONNAGE.



FACTORIES ACT 1937.

I give below the statistics as required by the prescribed return under this Act.

Table.
PART I OF THE ACT.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	No. on Register.	Inspections.	Number of Written Notices.	Occupiers prosecuted.
(i) Factories in which Sect.1,2,3, 4 & 6 are to be enforced by Local Authorities.	9	7	-	-
(ii) Factories not included in (i) in which Sect.7 is enforced by the Local Authority.	32	9	-	-
(iii) Other premises in which Sect.7 is enforced by the Local Authority (excluding outworkers premises)	2	-	-	-
TOTAL	43	16	-	-

2. CASES IN WHICH DEFECTS WERE FOUND. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred		
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3.)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7.) (a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	-	-	-	-	-

There were 39 outworkers on the register at the end of 1956 all engaged on textile mending.

I should explain that sections 1,2,3, 4 and 6 of the Factories Act are enforced by the District Council only where no Mechanical Power is used. These Sections cover cleanliness, overcrowding, temperature, ventilation and drainage of floors.

Section 7, which deals with Sanitary Conveniences, is enforced by the District Council in all factories whether power is used or not.

Classified List of Factories in the Area in 1956.

Bakehouses	1
Blacksmith	1
Brewery	1
Building Contractors	2
Building Sites	2
Cabinet Makers	1
Construction Company	1
Fireclay Manufacture	1
Food Preparation	1
Garage and Motor Repairs	3
Gas Supply Undertaking	1
Grocery Warehouse	1
Ice Cream Depot	1
Joiners Shops	6
Laundry	1
Leather Tanning	2
Machine Tools	1
Malting	1
Pottery Manufacture	1
Plumbers Shops	2
Printing Works	1
Salvage Depot	1
Sheet Metal Workshop	1
Textile Manufacture	5
Textile Engineering	3
Wreath Making - seasonal only	1
	43

Little time has been available for factory inspection this year, I am afraid, as the absence of figures in the table show.

Section 34, Factories Act 1937.

This section places on District Councils the responsibility of seeing that suitable means of escape in case of fire are provided in factories. As I am the person responsible for enforcing this section, and as we inevitably ask the County Fire Service for advice on questions as to means of escape in case of fire, I am of the opinion that the Fire Service should be responsible for the enforcement of this Section. As a Sanitary Inspector I was never trained in this field of knowledge, whereas the Fire Protection Officer is; he is in daily contact with this sort of work and can specialise in it. Where human lives may be directly at stake, as in this matter, the control should be in the hands of those best fitted to deal with it. It is an outmoded piece of legislation which places this duty on district Councils of this size.

FOOD HYGIENE.

When last year's report was being prepared I fully expected that in this year's report it would be possible to give a full report on the impact of the Food Hygiene Regulations 1955 on the food premises and trades in this area. However, such is life in a Health Department with one sole Inspector, that it is not possible. A start was made on these inspections, the fullest inspections that have ever been carried out in this district, and by the time the shops were getting so busy for Christmas and I felt it best to retire, I had inspected 32 food premises. At the time of inspection a written report on the premises is prepared, a copy being left with the shopkeeper in which the alterations required to comply with the Regulations are set out. Also on this form are set out any conditions which, if varied, may mean that the report as then written may later need modification. These conditions relate to the number of staff, type of foods sold etc. It seemed best to make these things clear to the shopkeeper, so that he could not later say "The Inspector has passed my premises as satisfactory" when, in fact, after the inspection the shopkeeper had commenced to sell open food, or foods needing temperature control, or had employed extra staff.

I have found that I have been able to concentrate my attention on premises and equipment. The previous activities of the Guild of Hygiene have always stressed methods rather than equipment, and to a great extent, these activities have relieved me of the necessity now, in operating the Food Hygiene Regulations, of spending time in criticising methods.

The approximate number of premises where food is sold is 150, made up as follows:-

General grocers and Provision Merchants	34
Greengrocers and fruiterers (including those selling wet fish etc)	19
Meat shops (Butchers, purveyors of cooked and preserved meats etc)	16
Bakers and/or Confectioners	8
Fried fish shops	7
Shops selling mainly sugar confectionery, minerals, ice cream etc.	30
Licensed premises, clubs, canteens, schools, snack bars and similar catering establishments	36
	150

While the number of premises inspected does not bear a high relation to the total number, the good done by the inspections is much higher than might be supposed. In the first case, all members of the Guild of Hygiene were supplied, very early on, with a copy of the Regulations purchased out of Guild Funds. Reading the actual Regulations so impressed the shopkeepers that no-one, so far, has ever questioned any of my requirements, and it has done far more good than sending them a list of "interpretations". Secondly, the word has gone round as to what is the order of the day, and I am now finding that many shopkeepers are anticipating my requirements.

I feel that "informative comment" required in this report by the Minister would be inappropriate yet, but hope that in next year's report I may be able to comment with more experience of conditions encountered.

Disinfestation and Disinfection.

There is nothing spectacular to report under this heading in 1956. Our normal work carried on, insecticide and disinfectant being given out to the public to combat their minor troubles with the usual instruction of "Let us know if this doesn't cure the trouble".

With regard to verminous persons, we have had no call on our services this year. Presumably cases of Scabies are referred to Hospital Treatment Centres by their doctors and the school clinics deal with school children.

Routine disinfection after the more common infectious diseases, including ScarletFever, has been discontinued, but this service is still available on request.

Other Work.

During the year 6 blocked water closets, 55 blocked gullies and 75 blocked drains were cleared. No charge is made for this work as a rule owing to the urgency of cleansing public sewers and diagnosing defective drains.

Dealers in Old Metal.

Three persons are registered as such under the Public Health Acts Amendment Act 1907 - Section 86.

Pet Animals Act 1951.

We have no premises licensed under this Act.

West Riding County Council
(General Powers) Act,1951

Section 120.

Hairdressers.

All the 11 hairdressers' premises in the area are now registered by the Council under the above statute. There are three premises catering for men and eight for ladies.

Byelaws for these premises were made and came into force throughout the area on 1st May 1953.

The standard of cleanliness apparent on routine inspections is good.

Petrol (Consolidation) Acts 1928-1936.

During the year 15 licences were renewed to store petroleum spirit. These fifteen licensed stores have a maximum capacity of 18,000 gallons. In addition up to 60 gallons are stored at the Queensbury Fire Station in cans, no licence being needed for this.

Rag Flock and Other Filling Materials Act 1951.

This Act came into force on 1st November 1951. Briefly it forbids the use of certain filling materials for upholstery, stuffing of bedding, toys, baby carriages etc. except on premises registered by the Local Authority. Premises where rag flock is manufactured or stored must be licensed.

Provisions are incorporated to prevent the sale of or use of unclean filling materials and regulations have been made prescribing standards of cleanliness.

There is one licensed manufacturer in the district, and during the year one upholsterers premises were registered.

Rag and Bone Dealers (Section 154 of Public Health Act 1936)

I had no trouble with these during the year.

Rodent Control.

During the year 38 premises were treated for rats and mice. Visits to these and other premises for inspection and survey numbered 425, excluding visits paid by the Rodent operator in treatments. 8 premises were infested with mice and 30 with rats, 217 baiting points being used, 76 bodies were found.

In the sewer treatments, 208 manholes were baited, with takes of poison at 53.

Charges made for treatment of non-domestic premises totalled £1:16:4d. "Warfarin" continues to be the method most preferred and certainly lowers the cost of treatments.

No notices were served under the Prevention of Damage by Pests Act 1951.

Rivers and Streams.

I have nothing to add to previous years' comments.

Shops Act, 1950 - Section 38.

18 visits of inspection were made under this section during 1956. 3 unsatisfactory conditions were found which were remedied without formal action.

Schools.

There are eight schools in the district, all of which have been visited. None was closed during the year for any reason. The sanitary conditions are continually improving - as an instance of which it should be stated that hot water is now generally available at lavatory basins in the schools. Closet accommodation has been greatly improved by the abolition of trough closets.

Smoke Abatement.

The byelaws relating to the emission of smoke are in force in this area, and during the year 41 observations of 30 minutes each were taken. 2 excessive emissions were observed and 2 cautions issued.

The Council is a member of the National Smoke Abatement Society and takes great interest in the work. We are fortunate in having no colliery spoil banks in the area and our air pollution is mainly domestic.

During this year authority was obtained to purchase and set up measuring instruments but these were not in operation until after the end of the year.

Swimming Bath.

The premises in which is situated the only swimming bath in the district have been purchased by the Council and the bath was again opened for the summer of 1956. It was operated quite satisfactorily during the season and, since the water supply was changed from the private supply to the Council's main supply, previous troubles over the strong green colour, due, I believe, to variation in the pH value, have disappeared. The slipper baths at the same premises continue to supply a need locally.

Tents, Vans and Sheds.

During the year two licences were granted for the use of a moveable dwelling. It would seem that our climate does not encourage the spread of this class of accommodation.

Staff

The following staff are employed by the Health Department on outside work:-

Dustbin Collection	4 men and 1 driver for 7 cubic yard Karrier
Ashpit Collection Rodent Control Drain clearing and investigation Health Department handyman	1 man and 1 driver for 2 cubic yard Fordson.
Salvage sorting and baling	1 man
Refuse tip control	1 man
	9 men

Sanitary Inspection of the District.

Housing.

Application inspections	20
Housing Improvement Grant Inspections	106
Overcrowding	173
Section 9 visits re repairs	36
Section 11 visits re demolition etc.	8
Certificate of Disrepair inspections	1
Moveable dwellings inspections	2

Factory Inspection

Routine Inspections	16
Rag Flock Act 1951	
Inspection of licensed premises	5
Inspection of registered premises	2
Petroleum stores inspected	5

Milk

Dairies	9
Milk Distributors	32
Sampling visits	5

Other Foods.

Slaughterhouse visits	206
Visits to inspect food on other premises	6

Food Hygiene Regulations	
Complete inspections	32
Other Food Premises inspected.	
Fish and chip shops	5
Butchers	2
Bakehouses	-
Licensed premises	2
General shops	18
Cafes	2
Ice cream shops	5
Visits re Traders Guild of Hygiene activities	18
Infectious Disease.	
Visits to make enquiries or obtain specimens	541
Visits regarding Mass Radiography	11
Rodent Control	
Visits of survey or to control treatments	194
Infestations found and cleared	38
Schools inspected	14
Smoke Abatement	
Timed observations	41
Cautions issued	2
Swimming Bath	2
Shops Act 1950 - S.38	
Visits of inspection	18
General Sanitation	
Inspections made for Nuisances	361
Pig sties	2
Water supplies	5
Defective dustbins	95
Tip and salvage depot	90
Interviews and miscellaneous visits	651
Drains tested	71

Summary of Sanitary Improvements effected.

Privies converted to pails	Nil
Privies converted to W.Cs.	Nil
Defective W.Cs. repaired	10
Additional W.Cs. provided for old property	50
Worn dustbins replaced	104
Defective traps, wastepipes and drains repaired	13
Drains reconstructed	63
Blocked drains cleared	39
Offensive accumulation removed	15
Miscellaneous defects remedied	13
New septic tank and filter provided	1
Paving of yards repaired	11
Roofs repaired	6
Eaves repaired	5
Rain water pipes repaired	9
Rain water pipes disconnected from drain	13
Defective sinks renewed	17
Ventilation of habitable rooms improved	19
Windows repaired	19
Walls repaired	12
Dampness abated	7
Floors repaired	13
Plasterwork repaired	21
Doors repaired	7
Food storage facilities provided	7

MINISTRY OF HEALTH
LIBR